

## **Auto Withdrawal Contribution Program**

Please attach a copy of a void cheque here:			
Date you wish your withdrawal to commence:	/15tl	n/	
We take our auto withdrawals monthly on the 15th.	month.	year	
Amount you wish to have withdrawn automatically from THIS AMOUNT WILL BE WITHDRAWN IN ADDITION TO This donation will continue every month until you prothe 13th of the month in which you wish it to end. Continue the 13th of the month in which you wish it to end.	ANY EXISTING vide a written r	AMOUNTS THAT ARE BEIN equest for it to be discontin	ued by
Signature:			
Please use my donation for:			
Current Greatest Need OR	Other Haiti ARISE Program please specify		
If you are sponsoring a child please indicate the child's i	name		
Please provide your email address so we can send you a	a tax receipt		
	O Box 85267 Albert Park PO Calgary, AB T2A 7R	7	

Please advise our Finance Manager should you need to make any adjustment to your donation or to your address: <a href="mailto:finance@haitiarise.org">finance@haitiarise.org</a> 306-668-7633

## Thank you for supporting Haiti ARISE!

www.haitiarise.org

Haiti ARISE (Actively Raising Individuals to Serve & Evangelize) Society is a Registered Canadian Charity. You will receive an Official Receipt for Income Tax purposes by email