

**Monthly Donor  
Enrolment Form**

PFU Rep.: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Representative: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: :      ○ AM      ○ PM

○ Door      ○ DD      ○ Mail  
City: \_\_\_\_\_

**Donation Type:**  
 Personal  
 Business

**Thank you for supporting Pivot!**

Pivot Foundation raises funds to sponsor charitable projects undertaken by Pivot Legal Society aimed at assisting homeless and disenfranchised persons.

We ask that who people join our Monthly Donor program do so with the intention of donating for at least one year. Of course, should your circumstances change you may cancel, suspend or change your gift value at any time simply by contacting our offices 15 days in advance at the phone number, and e-mail, or address on this form.

Yes, I authorize Pivot to withdraw the following amount from my chequing account or credit card each month.  
*I understand I may change or cancel my monthly contribution with 15 days notice by contacting Pivot.*

Monthly Donation Amount: \$ \_\_\_\_\_

I have attached a cheque marked VOID so that Pivot can arrange to withdraw the above amount from my chequing account on the 15th of each month.

Bank Name: \_\_\_\_\_ Home Branch : Intersection or Street Address, City, Province/State: \_\_\_\_\_

Transit #: \_\_\_\_\_ Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on account / credit card

I prefer to make my monthly contribution by credit card on the 15th of each month.

Credit Card Number: \_\_\_\_\_ Expiry Date: M M Y Y

VISA  
 MasterCard  
 AMEX

Mr.  Mrs.  Ms. \_\_\_\_\_  
First Name Last Name

Apt No. \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Year of Birth (optional): Y Y

Home Phone  Work Phone  Cell  Call Display

E-mail address: \_\_\_\_\_

Monthly Donation Start Date: M M 1 5 Y Y X \_\_\_\_\_  
Donor's Signature (required unless authorized via phone)

Donor Requests: \_\_\_\_\_

Privacy Policy: Pivot respects your privacy. We do not rent or sell your personal information. For more information on our privacy policy please contact us at (604) 255-9700.

**Thank you for supporting Pivot!**

**NOTE: This copy of Pivot's Monthly Enrolment Form is to acknowledge your donation through our Public Outreach Program. A Welcome letter confirming your enrolment and your annual tax receipt for your cumulative donations will be forthcoming from Pivot in February. Our charitable registration number is 894510502 RR0001.**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this PAD Agreement. To obtain more information on your recourse rights, Contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).