



Vancouver Folk Music Festival Society

1945 McLean Drive
Vancouver, BC
V5N 3J7

Yes! I would like to make monthly donations to The Vancouver Folk Music Festival Society by PAD (pre-authorized debit) transfers from my personal bank account.

Benefits:

- An official acknowledgement in our Festival Program Book for the next year.
 - A charitable tax receipt
- Yes, please subscribe me to your mailing list**

Contact Info:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Donation Amount: \$20 \$50 \$100 \$250 \$500 \$1000 Other \$ _____

Where appropriate, please acknowledge my gift as: _____

I would like my gift to be in honor of: _____

I would like my gift to remain anonymous

I _____, hereby authorize the Vancouver Folk Music Festival (“the society”) to transfer funds in the amount of \$_____ on a monthly basis as stated from the above specified payment form to the Society’s account (by pre-authorized transfer from my bank account).

The pre-authorized payments will begin on the 15th day of the month, or next business day (after receipt of this form), and will occur on the same calendar day of each and every subsequent month without further notification unless and until I revoke this authorization in writing to the Society. I may revoke my authorisation at any time in writing, subject to providing notice of 30 days. To do so I will contact the festival society at the address listed below. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorised or is not consistent with this PAD Agreement. To obtain more information on my recourse right, I may contact my financial institution or visit www.cdnpay.ca

Signature of account holder

Date

Monthly PAD (Pre-Authorized Debit) Donation

Please attach a VOID Cheque
OR
Provide your banking information below

VOID Cheque attached

Bank Account Information

Payor Account Number: _____

Debit Amount: \$20 \$50 \$100 Other Amount \$_____ (specify)

Branch Transit Number: _____

Financial Institution Number: _____ Chequing Savings

Financial Institution:

Name _____

Branch Address _____

Signature of account holder

Date

Please complete and return the form via Email to jennifer@thefestival.bc.ca

OR

Mail to:

Vancouver Folk Music Festival Society 1945 McLean Drive
Vancouver, British Columbia, V5N 3J7