



2450 Back Road • Courtenay, BC • V9N 8B5 • Tel 250.338.1451 • Fax 250.338.1115 CRA Number: 107434235 RR0001

**Thank you for your support of Glacier View Lodge through a donation!**

One time Donation of \$ \_\_\_\_\_ **OR** monthly donation of \$ \_\_\_\_\_/mo.

Tax Receipt information (must be the same as the bank account holder)

M \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

How do you prefer to be contacted?  Phone  Email  Mail  Please do not contact me

Payment method:

See my payment enclosed. Cheques should be made payable to **Glacier View Lodge**.

By pre-authorized debits agreement (please provide a void cheque and complete the information below)

If the donation is made in honour or memory of someone please provide their name and their contact person's name and address to acknowledge the gift:

In honour/Memory of \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact person's address: \_\_\_\_\_

I would like my gift directed to:

- Book of Lights (annual project)
- To support Lodge pets
- To support programs such as Music Therapy
- General fund (ie. equipment)
- Other

**Pre-Authorized Debit Agreement (PAD)**

I authorize Glacier View Lodge to withdraw my monthly donation from my bank account on the 15<sup>th</sup> of each month, or following business day.

Bank Name: \_\_\_\_\_ Attach a void cheque



\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

Terms: If you wish to change or cancel your authorization at any time, contact Glacier View Lodge in writing. Your request will be processed within 30 days in accordance with the Canadian Payments Association. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for a debit that is not authorized or is consistent with the terms of this PAD agreement.