

## Automatic Monthly Donations

### How to START monthly donations

You can set up automatic monthly donations to the Carman Area Foundation through pre-authorized withdrawals from your chequing account. Just complete this form and mail (or scan and email) it **along with a 'VOID' cheque** to:

Executive Director  
Carman Area Foundation  
PO Box 160  
Carman, MB R0G 0J0  
[exedir@carmanareafoundation.com](mailto:exedir@carmanareafoundation.com)

Keep a copy of the completed form for your records.

### How to STOP monthly donations

You can stop monthly donations at any time by completing the STOP MONTHLY DONATIONS area of the form and mailing (or scanning and emailing) it to the same address.

Keep a copy of the completed form for your records.

### Tax Receipts

A tax receipt for your total donations for each calendar year will be mailed to you shortly after each calendar year-end.

**Thanks for supporting the Carman Area Foundation !**

---

### Account Holder(s) Names(s) and Address

Name: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Start Monthly Donations:

1. Please attach VOID cheque

2. Amount of monthly donation to be debited from account: \$ \_\_\_\_\_
3. Commence donations on Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
4. Please put my monthly donations in the following fund:

The Undesignated Fund - This provides our Board of Directors with the flexibility to fund projects that benefit a wide range of interests and priorities in Carman and surrounding communities.

**OR**

\_\_\_\_\_ Fund. To see a complete list of funds and their purposes, visit the 'Donor Information' area on our website.

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payees must sign.*

**Stop Monthly Donations:**

1. We require 15 Days notice to stop automatic donations
2. Please stop donations on Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payees must sign.*

