



# SAVE A FAMILY PLAN

## Pre-Authorized Payment Plan Authorization Form (Canadian and American supporters)

*Please complete this form and return it along with a void cheque/check.  
If you are a first time donor with Save a Family Plan and you would like to adopt family(ies), kindly  
enclose an additional cheque/check of \$60.00 per family. This is required to cover three months of  
family assistance. Beginning in the fourth month, your auto debit will commence.*

Your SAVE A FAMILY PLAN (SAFP) Number is \_\_\_\_\_ (OFFICE USE ONLY)

### Personal Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Donation Information:

... My donation is \$ \_\_\_\_\_ monthly  
... The transaction date for this amount is the 15th of every month, beginning on \_\_\_\_\_  
... This amount is to be divided as follows:

Family Support ( <b>\$20.00 per family per month</b> )	\$ _____	per month
Extra Family Gift	\$ _____	per month
Community Development Program	\$ _____	per month
Disaster Management & Rehabilitation	\$ _____	per month

... In addition to my regular SAFP payment, please deduct an additional Christmas and Easter gift as follows:

Annual Easter Gift	\$ _____	to be debited on February 15th of each year
Annual Christmas Gift	\$ _____	to be debited on October 15th of each year

### Account/Bank Information:

Financial Institution Name \_\_\_\_\_  
Institution No \_\_\_\_\_ Branch No \_\_\_\_\_ Account No \_\_\_\_\_

### Automatic Debit Authorization:

I (we) hereby authorize SAFP to initiate debit entries from my (our) bank account. Attached is a void cheque/check for the account that I (we) wish to have debited at the stated intervals in the amount(s) indicated above. I understand that I can change this authorization by contacting SAFP at least 10 days prior to the 15th of the month.

Contact Numbers ... Telephone: (519) 672 -1115 or E-mail: safpinfo@safp.org

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** SAFP is complying with the Federal Government of Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) to ensure the confidentiality of our donors' personal information.

Charitable Registration Numbers: Canada BN 11914 1943 RR0001 USA 98-600-4051

*Please share with us your questions, concerns or comments:*

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## SAVE A FAMILY PLAN

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E-Mail: safpinfo@safp.org Website: www.safp.org