

# Support

## ARPA Canada

I want to support ARPA Canada through **monthly donations.**

Please debit my bank account: (attach VOID cheque)

\$15    \$25    \$50   Other: .....

Withdrawn on the ..... (1-28) day of each month

Signature: .....

Date: .....

Donor Name: .....

Address: .....

Phone: .....

Email (optional): .....

This donation is made on behalf of:

an Individual    a Business

*I may revoke my authorization at any time, subject to providing notice of 30 days. I recognize that ARPA Canada is not a charity and will not provide tax receipts for my donations. I can obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).*

Please **mail form** with void cheque to:

### ARPA CANADA

**734 – 13St N, Lethbridge AB, T1H 2T1.**

Email: [john@arpacanada.ca](mailto:john@arpacanada.ca)

Phone: 403.315.2617

*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 authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

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and receive a one year  
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**SUBSCRIPTION TO**  
*Reformed Perspective*  
Magazine!