



# Conscious Giving Commitment Form

DATE \_\_\_\_\_

PLEASE PRINT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

*\*This information will be used only by Calgary Centre for Spiritual Living, it will NOT be shared with other agencies.*

### YES, I WANT TO PARTICIPATE IN THE CONSCIOUS GIVING PROGRAM!

This agreement authorizes the Calgary Centre for Spiritual Living (CCSL) to transfer funds as a donation from a donor's personal bank account or credit card, as per the frequency stipulated below.

#### 1. OPTION ONE: PAYMENT BY PRE-AUTHORIZED DEBIT FROM BANK ACCOUNT (PREFERRED)

Please complete the enclosed Pre-Authorized Debit (PAD) form and return **both** of these forms to CCSL.

#### 2. OPTION TWO: PAYMENT BY CREDIT CARD

Amount of automatic donation: \$ \_\_\_\_\_ Effective date: \_\_\_\_\_

Please Choose One:  Weekly  Bi-Weekly or  Monthly

Please **charge the amount checked above to my credit card shown below.** Visa or MC (circle one)

Card Number \_\_\_\_\_ Expiry: \_\_\_\_\_ mth // \_\_\_\_\_ yr

I authorize this transfer in the amount checked above from my credit card to CCSL.  
I understand that this agreement will remain in effect until I send written notification to CCSL.

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

✂ -----  
**COMPLETE THIS PORTION AND DETACH FOR YOUR RECORDS**

On (date) \_\_\_\_\_, I agreed to become a conscious giver for : \$ \_\_\_\_\_

(Circle One) per week bi-weekly or monthly via  Regular Banking  Credit Card

I increased my existing monthly donation from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per week/bi-weekly/monthly.

**Contact:** Office : 403-244-8728 E-mail: office@calgarycsl.org Website: [www.calgarycsl.org](http://www.calgarycsl.org)

**Calgary Centre for Spiritual Living**, 4411 Manitoba Road SE, Calgary, AB T2G 4B9

Conscious Givers receive one tax receipt per year in February for all donations \$100 or more.

**CRA registration #106897903RR001**