



# Canadian Jesuits International

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## Pre-authorized Giving (PAG) Instructions

Thank you for enrolling in our **Pre-Authorized Giving (PAG) Plan**. Please complete the form below and return it to Canadian Jesuits International at the above address.

**Name:** \_\_\_\_\_  
(Please print)

**Address:** \_\_\_\_\_  
(Please print) (apartment / suite number, street address)  
\_\_\_\_\_  
(city, province, postal code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(Please print)

I authorize **Canadian Jesuits International** to debit my (choose one):

MasterCard / Visa # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ expiry \_\_\_\_ / \_\_\_\_ in the amount of  
(Circle card type)  
\$ \_\_\_\_\_ on the 15<sup>th</sup> or later of each month commencing \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

Name as it appears on card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chequing account in the amount of \$ \_\_\_\_\_ on the 15<sup>th</sup> of each month  
commencing \_\_\_\_\_, \_\_\_\_\_ (**attach a void cheque**).  
(month) (year)

**Please direct my gift to:**

Area of Greatest Need  
 Specific Project \_\_\_\_\_

**Please send my tax receipt once a year, at year end only.**