

PRE AUTHORIZED PAYMENT FOR _____

Name _____

Email _____
(please provide your email for essential informational updates).

Address * _____

Phone _____

City _____ Province _____ Postal Code _____ * Where you want your cards mailed to.

To calculate the amount of your cards/certificates order, multiply your weekly purchases by 4. Example: If you spend \$125 per week on groceries, you would order \$500 in Eat to Give™ cards/certificates. If you spend \$50 a week on gas you would order \$200 in Gas Up to Give™ cards/certificates. After writing in the amount to be debited, choose the number and denomination of cards/certificates you would like to receive.

Amount to be Debited _____ (minimum order \$150 in groceries cards/certificates required **excluding** Costco)

EAT TO GIVE™	
<input type="checkbox"/> Loblaws*	\$25 X _____ \$50 X _____ \$100 X _____ \$250 X _____ (Loblaws, Zehrs, No Frills, Value Mart, Fortinos, Your Independent Grocer, Extra Foods, The Real Canadian Superstore & Wholesale Clubs, Maxi & Co, Provigo, Atlantic Superstore, SaveEasy & Super Value)
<input type="checkbox"/> Sobey's†	\$10x _____ \$25x _____ \$50x _____ (Sobeys, Price Chopper, IGA, Knechtels, Food Land, Town, Omni, Boni Choix, Tradition, Commissio's)
<input type="checkbox"/> A & P*	\$10x _____ \$25x _____ \$50x _____ (A&P, Dominion, Ultra Food/Drug, The Barn)
<input type="checkbox"/> Food Basics†	\$10x _____ \$25x _____ \$50x _____
<input type="checkbox"/> Central†	\$10x _____ \$25x _____ \$50x _____
<input type="checkbox"/> Save-on-Foods*	\$10x _____ \$25x _____ \$50 x _____ (Save-on-Foods, Overwaita)
<input type="checkbox"/> Longos*	\$25x _____ \$50x _____
<input type="checkbox"/> Costco*	\$50x _____ \$100x _____ \$250x _____
<input type="checkbox"/> M & M's*	\$10x _____ \$25x _____ \$50x _____
<input type="checkbox"/> Tim Horton's†	\$5x _____ \$10x _____
<input type="checkbox"/> Safeway*	\$25 X _____ \$50 X _____ \$100 X _____ \$250 X _____

GAS UP TO GIVE™	
<input type="checkbox"/> Canadian Tire*	\$25x _____ \$50x _____ \$100x _____ (Gas and Store)
<input type="checkbox"/> Petro Canada*	\$25x _____ \$50x _____ \$100x _____
<input type="checkbox"/> Shell/Turbo/Beaver†	\$20x _____
<input type="checkbox"/> Esso*	\$10x _____ \$25 _____ \$50 _____ \$100 _____
<input type="checkbox"/> Sunoco*	\$20x _____ \$50x _____ \$100x _____
<input type="checkbox"/> Pioneer*	\$10x _____ \$25 _____ \$50 _____

Please note: * Declining balance card † Gift certificate

Please note that up to \$5.00 cash back given at time of check out for gift cert. If this is a concern please order small denominations.

For PAP from Bank Account

Please either enclose a blank, voided cheque, or fill in the following information.

Name of Financial Institution: _____ Branch address: _____

Branch number: (five digits) Institution number: (three digits) Account number: (maximum of twelve digits)

Withdraw Funds

- Full amount on 25th of month
- 1/2 of amount on 8th of month and 1/2 on 25th of month
- Weekly (1st, 8th, 15th, 25th of month) (Minimum order of \$400 for this payment option)

I/we the undersigned authorize Community Charity Services to debit my/our account at the Financial Institution indicated. Under the terms and conditions agreed by me/us with Community Charity Services until such time as written notice to the contrary is given by me/us to CCS. **Please Note:** You can change the details of your PAP with 30 days e-mailed/written notice from the date of your first monthly withdrawal.

Registration Forms can be mailed or faxed. Email: CCS at service@charityservices.ca Mailing Address: CCS, 25 Industrial Drive Suite 7A, Elmira, Ontario N3B 3K3 Phone: 1-519-669-1081 or 1-866-669-2276 Fax: 1-519-669-2573.

I/we have read and understood the terms and conditions and hereby accept them as a condition of my/our participation in PAP Account

Signature _____

Date _____

Credit Card Option – Please note there is a 2% Merchant Fee for the use of this option which significantly reduces your fund-earning. (Minimum Order of \$400 in groceries for this payment option)

Name: _____

Address: _____ City: _____ Postal Code: _____

Visa or MasterCard Card number:

Expiry date: (month (year) Name on card: _____

Post Dated Cheque (enclosed) Option

- 12 post dated cheques

Name: _____

Address: _____ City: _____ Postal Code: _____

Note: Your cards/certificates will be mailed to you on the 25th of each month. (You should receive them within 4 business days of your mailing date).