# **Donation Form**



### YES! I wish to support the We Are CWA annual giving campaign.

Full Name:		
Address:		
City:	Province:	Postal Code:
Phone (day):	Phone (evening):	
Email:		
or our 30th anniversary, donors of \$3,000 Gifts at this level and l	) or more will become i higher are critical to ou	
I wish to make a total contribution	of \$	to be paid as follows:
Monthly donation of \$	or	donation of \$
Donation of \$10,000 CWA Bond (or a	portion - Total of \$	)
PAYMENT OPTIONS		
By cheque (make cheque(s) payabl	e to Clear Water Acader	ny Property Foundation)
By pre-authorized debit (PAD) with a	void cheque. Please cor	mplete PAD form on the back of this form.
Credit Card via www.clearwateraca	demy.com click the "Givi	ng" tab or scan QR Code
Other (e.g., gift of securities), please	contact Bill Tomiak at btc	omiak@clearwateracademy.com.
My Employer	will matcl	n this gift.
RECOGNITION		
We would like our donation to remain	n anonymous 🔲 I wou!	ld like my/our name(s) to appear as follows:
Cionaturo	Date	
Signature:	Date	e:
Signature:	Dat	e:

If you have any questions, please contact Bill Tomiak at (403) 217-8448, or email btomiak@clearwateracademy.com. Clear Water Academy Property Foundation charitable registration number is 820920650RR0001.

#### **More Information:**

Please contact Business Office at: accounting@clearwateracademy.com

## **DONATION PAD**

#### PRE-AUTHORIZED DEBIT FORM

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)			
Full Name : (PLEASE USE CAPITAL)			
Address :			
City : Province and Postal Code :			
Phone Number :	E-Mail :		
BANK ACCOUNT INFORMATION (PLEASE	ATTACHED VOID CHEQUE)		
Account Holders Name(s)			
Financial Institution Name			
Branch/Transit # Bank # Account #			
PRE-AUTHORIZED DEBIT (PAD) DETAILS	S:		
By signing this Personal PAD Agreement, you, the Payer, authorize Clear the amounts as detailed below, or the next available business day. You information associated with the bank account provided in this authorize of the pre-authorized debit. In the event that the amount of this PAD choidentifying the new amount at least ten (10) business days prior to the nauthority is to remain in effect until Clear Water Academy has received next scheduled debit. A service fee of \$45 will be applied to all returned comply with this agreement. For example, I/we have the right to receive consistent with this PAD Agreement. To obtain more information on my/institution or visit www.cdnpay.ca.	shall inform Clear Water Academy in writing, of any change in ation at least fifteen (15) business days prior to the next due date anges, Clear Water Academy will send/email you a written notice ext due date. I/We may revoke this authorization at any time; this written notification at least fifteen (15) business days prior to the ditems. I/We have certain recourse rights if any debit does not be reimbursement for any debit that is not authorized or is not dour recourse rights, I/we may contact my/our financial		
Monthly OR One-Time withdrawal of \$			
beginning and ending			
SIGNATURE OF ACCOUNT HOLDER	SIGNATURE OF JOINT ACCOUNT HOLDER (if applicable)		
PRINT NAME	PRINT NAME		
DATE	DATE		

