

Contact Information

First Name	Middle Initial(s)
Last Name	
Address	
City	Prov.
Postal Code	Ph.
E-mail	



402 MAIN ST. NORTH
MOOSE JAW, SK, S6H 3K2
306-693-JOES(5637)
INFO@JPYC.ORG
WWW.JPYC.ORG

Please apply my gift to:

Programs / Services / General Funding

Staff Support (*position*)

Camp & Retreat Sponsorship

Other

Yes, I want to help Joe's Place make a difference in the lives of youth:

Monthly Donation: Post-dated cheques are enclosed for \$ _____ per month.

Tax deductible receipts are issued in February.
Each gift will be used as designated for approved programs, with the understanding that when any given need has been met, designated gifts will be used where needed most.

I Would Like To Sign Up For Pre-Authorized Debit (Also fill out Name, Address, etc. left)

Please withdraw on the 1st of the month or the 15th of the month for the amount of \$ _____ starting on (M/D/Y) ____ / ____ / ____ until I change or cancel this agreement. (30 days notice is required to change this agreement)

I/We authorize Joe's Place to arrange automatic deductions as per the information provided. By signing this agreement I/we acknowledge having read a copy of the terms and conditions available at www.jpvc.org, acknowledge understanding the terms and conditions of this agreement, and agree to be bound by the terms and conditions of this agreement. I/We warrant and guarantee that the person(s) whose signature(s) is/are required to sign on the account has/have signed the Authorization.

Date _____ 1st Signature _____

2nd Signature _____

(if required)

NOTE: Please include an unsigned cheque marked "VOID".

One-time gift in the amount of \$ _____