

Become A Member

Please print this form, fill out, and fax to 613-284-8093 or mail to the address at the bottom of the page

Membership Level

- | | | |
|--|--|--|
| <input type="checkbox"/> Leadership Circle \$1,200 | <input type="checkbox"/> Conservator \$500 | <input type="checkbox"/> Steward \$250 |
| <input type="checkbox"/> Partner \$100 | <input type="checkbox"/> Supporter \$50 | <input type="checkbox"/> Family \$40 |

OR

Please consider joining our Monthly Giving Program

- | | | |
|--|---|---|
| <input type="checkbox"/> Leadership Circle \$100/month | <input type="checkbox"/> Conservator \$42/month | <input type="checkbox"/> Steward \$21/month |
|--|---|---|
- Please charge my credit card each month. I have provided my credit card information, under "Payment" below
or
 Please transfer my monthly gift every month from the account on my enclosed voided cheque.

Please complete the "Automatic Monthly Donation Authorization" and read the "Terms and Conditions" on the back of this page to start giving.

How does Monthly Giving Program work?

With your permission, the RWLT will charge your credit card or make an automatic withdrawal from your bank account each month of the amount selected. Each gift will appear on your credit card or bank statement. You will receive an annual tax receipt and can stop your participation any time. If you have questions or concerns, please contact Sharon at 1-877-784-2010 or 613-284-2010.

Payment

I wish to pay by: Cheque Visa MasterCard American Express

Card # _____ Expiry Date ____/____

Signature _____

Printed Name on card: _____

Tax receipts will be issued for the full amount of all memberships.

We appreciate your support, and would like to acknowledge it in our publications.

- Please tick here if you prefer your contribution be kept confidential.

Membership Information

Name: _____ Phone: _____

Address: _____ Email: _____



1 Jasper Avenue, Smiths Falls, ON K7A 4B5

Tel: 613-284-2010 or 1-877-784-2010

Fax: 613-284-8093 Email: sharonw@rwlt.org

www.rwlt.org

Charitable Registration # 89233-6348-RR0001

Office Use Only:

payment processed

data entry

acknowledgement



Automatic Monthly Donation Authorization

I/we authorize the Rideau Waterway Land Trust to process a debit in the amount of

\$100, \$42 or \$21 on my/our account on the 1st 15th (please select one) day of every month beginning in _____ (month), 2010.

I/we acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions set out below.

Signature(s) of Donor(s): _____ Date: _____

Name(s): _____

Address: _____

Phone: _____ (optional) Email: _____ (optional)

For bank withdrawals please attach your cheque marked "VOID" and mail to:

Rideau Waterway Land Trust, 1 Jasper Avenue, Smiths Falls, ON K7A 4B5

Terms and Conditions

I/we acknowledge that this Authorization is provided for the benefit of the Rideau Waterway Land Trust (RWLT) and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payment Association.

I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed the authorization form above.

I/we hereby authorize the RWLT to draw on my account a monthly charitable contribution in the amount indicated in the accompanying authorization.

This authorization may be cancelled at any time upon notice from the donor. I/we acknowledge that, in order to revoke this authorization, I/we must provide notice of the revocation to the RWLT.

I/we acknowledge that provision and delivery of this authorization to the RWLT constitutes delivery by the RWLT to my financial institution.

I/we undertake to inform the RWLT, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-authorized debit (PAD).

The account that I/we are authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

A PAD may be disputed by a Payor under the following conditions:

1. the PAD was not drawn in accordance with the Payor's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either 1, 2, or 3 took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 days after the date on which the PAD in dispute was posted to the Payor's account.

Please make a copy of this form for your records, download a copy of these Terms and Conditions from our website at www.rwlt.org, or contact the RWLT office at 613-284-2010, 1-877-784-2010 or by emailing sharonw@rwlt.org.