



# MEMBERSHIP AND DONATIONS FORM

Vancouver Status of Women  
Charity Registration # 108167818

## 1. Contact Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Membership

Annual membership Fee: Sliding Scale \$1.00 - \$50.00

The anti-classist, anti-colonialist, anti-patriarchal concept of a sliding scale means those with less pay less, and those with more pay more. I would like to contribute \$ \_\_\_\_\_ to my membership for the year:

2016       2017

## 3. Donations

a) One time donation (Please enclose cheque)

I would like to make a onetime donation in the amount of:

\$200       \$100       \$50       \$35      Other \_\_\_\_\_

To the following:

**Public Education Projects:** Producing, printing, and distribution of the new Edition of *Single Mothers Resource Guide* in 3 Languages, & Educational Resource Against Racial Profiling and Violence in 12 languages

**Towards Paying Off the Mortgage (presently at \$60,000)**

**General VSW Donation for Operations & Programming**

b) Sustaining Monthly Donors:

Debit my bank account (Please attach void cheque and complete VanCity Payment Agreement).

As a sustaining donor I would like to make a monthly, pre-authorized donation in the amount of:

\$15       \$25       \$50       \$100      Other \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that Vancouver Status of Women values my contribution, and hereby authorize Vancouver Status of Women to begin deductions as per my/our instructions for monthly regular recurring payments monthly without further notice. I may revoke my authorization at any time subject to providing notice of 30 days. To obtain a cancellation form, or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**\*THANK YOU FOR YOUR SUPPORT!**

All donations over \$10 will be provided with a charitable tax receipt.

Vancouver Status of Women Charity # 0494658-59-27  
2652 East Hastings Street, Vancouver BC., V5K 1Z6 – Coast Salish Territories  
Tel: 604-255-6554 Fax: 604-255-7508  
Email: [womencentre@vsw.ca](mailto:womencentre@vsw.ca) Website: [www.vsw.ca](http://www.vsw.ca)



PRE-AUTHORIZED PAYMENT AGREEMENT  
CREDIT VANCITY

My/Our account to be credited at VanCity is Account Number \_\_\_\_\_ Branch Number \_\_\_\_\_

Account to be debited is at: \_\_\_\_\_

For the purpose of my/our  Loan Payment  Other \_\_\_\_\_ (specify)

The credit is for the amount of \$ \_\_\_\_\_ and is to be drawn on the account:

- Weekly -W
- Bi-weekly - B
- Monthly - M
- Last Day of Month - M
- Quarterly - Q
- Semi-Annually - S
- Annually
- Teachers Ten Month Payment Schedule Dormant Start August End September

Beginning (yy/mm/dd): \_\_\_\_\_ Ending (yy/mm/dd): \_\_\_\_\_

Account Type:  Loan Number \_\_\_\_\_  Other \_\_\_\_\_ (specify)

**VanCity OFFICE USE ONLY**

- SET UP**  Please set up the above Pre-Authorized Payment (PAP) effective immediately.
- AMEND**  Please amend the member's existing Pre-Authorized Payment (PAP). The new amount of \$ \_\_\_\_\_ on a \_\_\_\_\_ basis, starting (yy/mm/dd) \_\_\_\_\_ expiring on (yy/mm/dd) \_\_\_\_\_
- CANCEL**  Please cancel the member's existing Pre-Authorized Payment (PAP) in the amount of \$ \_\_\_\_\_ effective immediately.

X \_\_\_\_\_  
VanCity Authorized Signature

**TAPE VOIDED CHEQUE HERE (DO NOT STAPLE)**

Complete this section **ONLY IF** the name(s) on the account to be debited and the account to be credited **ARE DIFFERENT**.

I/We \_\_\_\_\_  
authorize Vancouver City Savings Credit Union ("VanCity") to debit my/our account at \_\_\_\_\_

\_\_\_\_\_ for the amount of \$ \_\_\_\_\_

- Weekly -W
- Bi-weekly - B
- Monthly - M
- Last Day of Month - M
- Quarterly - Q
- Semi-Annually - S
- Annually
- Teachers Ten Month Payment Schedule Dormant Start August End September

And to credit Account Number \_\_\_\_\_ Branch Number \_\_\_\_\_

This authorization is for the period (yy/mm/dd) \_\_\_\_\_ to (yy/mm/dd) \_\_\_\_\_ inclusive.

X \_\_\_\_\_ X \_\_\_\_\_  
Member's Signature Witness Signature Date Signed

X \_\_\_\_\_ X \_\_\_\_\_  
Member's Signature Witness Signature

