



**TO DONATE OR TO MAKE A PLEDGE**

**TO THE ALBERTA KNIGHTS OF COLUMBUS CHARITABLE  
FOUNDATION (ACF)**

**Please print a copy of the attached form and complete.**

**This form can be used to make a onetime donation by cheque or from a credit card, or to make a pledge from a credit card or from an account.**

**In all cases kindly complete and sign the top portion as that directs the ACF as to who is to receive the tax receipt and also whether the donation/pledges funds are to go to charitable disbursements in the current year or to be held as capital for at least 10 years. The completed form is to be e-mailed or mailed to the State Office (see bottom of form).**

**Since the inception of our Charitable Foundation we have given over \$2,300,000 to deserving charities and we are very grateful for your support.**



**ALBERTA KNIGHTS OF COLUMBUS  
CHARITABLE FOUNDATION  
DONATION AND PLEDGE FORM**

Donor's Name for Charitable Receipt \_\_\_\_\_  
 Council/Assembly Number \_\_\_\_\_ Name \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Mailing Address (including postal code) \_\_\_\_\_

Funds to be directed to charitable disbursements in the current year   
 Funds to be held as capital for at least 10 years

**SIGNATURE** \_\_\_\_\_

**One Time Gift:**

We enclose our cheque(s) in the amounts of \$\_\_\_\_\_ **payable** to the Alberta Knights of Columbus Charitable Foundation. OR

Credit Card:  VISA  Mastercard

Name (as it appears on card) \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Number

--	--	--

Expiry Month

--	--	--	--

Expiry Year

Signature \_\_\_\_\_

Date: \_\_\_\_\_

I/We authorize the Alberta Knights of Columbus Charitable Foundation to withdraw the following **Pledge** over \_\_\_\_\_ years: Total Gift \$\_\_\_\_\_

Please debit my bank account: (*attach VOID cheque*) to be processed on the 5<sup>th</sup> of each month or the next business day.

Monthly Amount of \$\_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Authorization:**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Please attach a Void cheque**

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Who to call with questions concerning a donation or pledge? Wally Streit (780-988-8719; 780-437-4335) [streitw@gmail.com](mailto:streitw@gmail.com) Return your completed form (after taking a copy for your records) by e-mail ([stateoffice@kofc.ab.ca](mailto:stateoffice@kofc.ab.ca)) or via regular mail to:

Knights of Columbus State Council Office  
 #4, 5579 – 47 Street  
 Red Deer, Alberta T4N 1S1