



Thank you for choosing to make a recurring donation to Mennonite Central Committee. Automatic recurring donations provide MCC with predictable financial support for our work around the world, and it is convenient for you as well.

Please print and fill in the following authorization form, and send it to the MCC office nearest you:

MCC Alberta

210 – 2946 32 St NE
Calgary, AB T1Y 6J7
T: (403) 275-6935
1-888-622-6337
F: (403) 275-3711

MCC Manitoba

134 Plaza Dr
Winnipeg, MB R3T 5K9
T: (204) 261-6381
1-888-622-6337
F: (204) 269-9875

MCC British Columbia

Box 2038, 31414 Marshall Rd
Abbotsford, BC V2T 3T8
T: (604) 850-6639
1-888-622-6337
F: (604) 850-8734

MCC Saskatchewan

600 45th St
Saskatoon, SK S7L 5W9
T: (306) 665-2555
1-888-622-6337
F: (306) 665-5564

MCC Canada

134 Plaza Dr
Winnipeg, MB R3T 5K9
T: (204) 261-6381
1-888-622-6337 (Toll free in Manitoba)
1-877-684-1181 (Toll free to the Global
Family program)
F: (204) 269-9875

MCC Ontario

**Please use the link to the MCC Ontario form on the website*



MENNONITE CENTRAL COMMITTEE

AUTHORIZATION FOR AUTOMATIC MONTHLY DONATION

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number (_____) _____ Email _____

This donation is Personal Business

Donation Amount \$10 \$25 \$50 \$100 \$_____ Other

I would like to make my donation on the 1st day of the month 15th day of the month

Start date _____

Please use my gift as MCC deems most appropriate _____

OR

I wish to designate my gift for _____

Please send me a receipt: with each donation annually after Dec. 31st

BANKING INFORMATION:

Please provide MCC with a "VOID" cheque. The cheque will only be used to access the bank, routing, and account numbers and cannot be cashed by MCC

OR

CREDIT CARD INFORMATION: VISA MasterCard

Card Number _____ Expiry Date ____ / ____

Name on the Card _____

I authorize the Mennonite Central Committee (MCC) to deduct from my bank account or credit card the amount designated above. I understand that I can change the donation amount, the time of the month it is debited, and the designation of its use by notifying MCC. I also understand that I can cancel my automatic deduction at any time. MCC requests that a donor allow one month for any changes to be made. This information is strictly confidential. MCC will never share the information on this form with anyone other than the person named below or his/her designated representative.

Signed: _____ Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, to obtain a sample cancellation form, or for further information on your right to cancel your donation, contact your financial institution or visit www.cdnpay.ca.