



LCC International Fund Inc.

Box 2142
Abbotsford, BC
V2T 3X8

fx. (604) 854-3349
ph. (604) 855-5185

www.lcc.lt
hedwards@lcc.lt

Pre-Authorized Giving Plan - PAGP (please print)

Personal Information

Names (s)

Address

City Province

Postal Code Ph. Number

Email

Account Information

Name of Financial Institution

Branch Name/Address

City/Province of Branch

Bank Number Transit Number

Account Number

Donation Information

I/We authorize LCC International Fund Inc. to debit my/our account indicated above;

- on the 1st business day of the month
- on the 1st business day, on or after, the 15th of each month

Month of 1st pre-authorized donation (mm/yy):

I/We would like the Pre-Authorized donation to be designated and used for the following purpose:

Description	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I/We acknowledge that, in order to revoke or change this authorization, we must provide written notice to LCC International Fund Inc, at the address or fax number listed below. In the event that my/our bank information changes in the future, I/We will provide any changes to LCC International Fund Inc., in writing, five business days prior to the next due date. I/We guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Signature Date

Signature Date

In order to initiate the Pre-authorized Giving Plan (PAGP), please complete the following:

1. Complete all necessary fields on PAGP form
2. Attach void cheque
3. Mail or Fax to: **LCC International Fund Inc.**
Box 2142
Abbotsford, BC V2T 3X8
ph. (604) 855-5185

Thanks!