



Pre-Authorized Giving Plan - PAGP

Personal Information:

Name(s): _____
 Address: _____
 City: _____ Province: _____
 Postal Code: _____ Phone: _____
 Email: _____

Account Information:

Name of Financial Institution: _____
 Branch Name/Address: _____
 City / Province of Branch: _____
 Bank Number: _____
 Transit Number: _____
 Account Number: _____

Donation Authorization:

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 the month.

Month of first Pre-Authorized donation (mm/yy): _____

I (we) would like the Pre-Authorized donation to be designated and used for the following purpose:

Description: _____ Amount: \$ _____
 Description: _____ Amount: \$ _____

I/We acknowledge that, in order to revoke or change this authorization, we must provide written notice to LCC International Fund Inc. (email or mail) at the address 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: _____

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

- 1) Complete all necessary fields on the PAGP form.
- 2) Email a signed copy of this form along with a picture of a voided cheque to cadcharity@lcc.lt.
- 3) Print and sign this form and mail it along with a voided cheque to LCC International Fund, Inc. at the address below:

Thank you for your generosity to the mission of LCC!