



CANADIAN REFORMED WORLD RELIEF FUND

Pre-Authorized Withdrawal Approval Form

I/we would like to donate to CRWRF
via automatic monthly withdrawals from my chequing account.

Please allocate my donation as indicated below.

I am authorizing CRWRF to withdraw my first monthly payment in

_____ / 20_____.
(month) (year)

- | | | |
|--|---------------------------------------|------------|
| <input type="checkbox"/> Tamu sponsorship | _____ x \$30/month (per family) | = \$ _____ |
| <input type="checkbox"/> Achego/Tumaini/Mufu sponsorship | _____ x \$40/month (per child) | = \$ _____ |
| <input type="checkbox"/> New Hope Foundation (Timor) | | = \$ _____ |
| <input type="checkbox"/> General Fund donation | | = \$ _____ |
| <input type="checkbox"/> Other project: | _____ | = \$ _____ |
| | (name of project you wish to support) | |
| | MONTHLY TOTAL | = \$ _____ |

Name: _____

Signature: _____

Street address: _____

City/town, province, postal code: _____

Email: _____

Phone: _____

Please provide the information requested above, and submit the completed form **with a blank cheque marked VOID**. The form and cheque can be sent via email (finance@crwrf.ca) or mailed to our postal address:

Canadian Reformed World Relief Fund (CRWRF)
PO Box 85225
Burlington ON L7R 4K4

The automatic withdrawal will occur on the **first business day of each month**. To revoke or cancel your automatic withdrawals, please contact CRWRF at finance@crwrf.ca, allowing 30 days' notice.

Thank you for your generous support!