



Schools Beyond Borders Foundation Financial Partnership Form

2600 Hebert Road, West Kelowna, B.C., Canada V4T2J6

Your Personal Information:

Name: _____
Mailing Address: _____
Postal Code: _____ Province/State: _____
Phone number: () _____
E-mail Address: _____

One Time Donation or Monthly Support: (check the appropriate box)

- I/We would like to financially partner with Schools Beyond Borders Foundation and give a one-time donation.
- I/We would like to financially partner with Schools Beyond Borders Foundation and commit to monthly giving.

Amount: (check the appropriate box)

<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$1500	Other: _____

Methods of Giving: (check the appropriate box)

Automatic deduction:

- I authorize Schools Beyond Borders Foundation to debit the account specified on the enclosed void cheque.
- I authorize Schools Beyond Borders Foundation to make a bank withdrawal from the following account.
Name(s) on the account: _____
Account number: _____ Bank transit number: _____
Bank ID number: _____

Cheque: (make cheques payable to Schools Beyond Borders Foundation)

- Enclosed is a cheque.
- Enclosed are post-dated cheques.

Signature

Signature: _____ Date: _____

- Please check here if a tax deductible receipt is desired

This authorization may be cancelled upon written notice