



# sofa circle

The club in support of *full circle*

## SIGN UP TODAY!

*(Please fill out the form below and return it to Crossroads. Thank you!)*

.....  
**STEP 1.** I am committing to a monthly *Full Circle* donation of \$ \_\_\_\_\_ (minimum \$35)

**STEP 2.** My automatic monthly support will be given through:  Bank Account  Credit Card

**STEP 3.** Here is my information:

Mr. & Mrs.  Mr.  Mrs.  Miss  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Start Date (month/year): \_\_\_\_/\_\_\_\_

**Please debit my bank account on the:**

1<sup>st</sup> or  16<sup>th</sup> of each month.

(Please check one of the above, and enclose a void cheque)

**OR Please charge my credit card on the 15<sup>th</sup> of each month**

VISA  MASTERCARD  AMEX

Card Number: \_\_\_\_\_

Expiry Date (month/year): \_\_\_\_/\_\_\_\_

**STEP 4 (OPTIONAL).** Please **DO NOT** send me:  A *Full Circle* mug  monthly product offers  monthly eNewsletters

This donation is made on behalf of:  An Individual  A Business

I may revoke my authorization at any time, subject to providing notice of four weeks. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)