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## DONATION/PRE-AUTHORIZATION FORM

As the number of Licensed Practical Nurses (LPNs) continues to grow in Alberta, the Foundation needs your financial support to be able to continue to offer education grants for LPNs.

Every donation, no matter the size, makes a real difference in supporting LPNs and their continuing education. Consider becoming a monthly donor. In doing so, your yearly contribution can be submitted for income tax purposes.

You can also make a one-time donation via cheque, Visa or MasterCard, or come in person to the CLPNA office and make a donation via cash or debit.

There are many reasons and ways to donate to the Foundation, each one as individual as the donor. Some examples are:

- *Monthly Donation* - \$5, 10, 20 per month or any amount
- *Annual Gifts* – Once per year
- *In Celebration* – Giving for all kinds of celebrations examples; birthday, wedding, anniversary or retirement
- *In Memory* - A meaningful way to honor the memory of a loved one
- *In Appreciation* - Donate on behalf of a LPN that cared for you or a family member

**If you are interested in donating on a monthly or quarterly basis please read the Pre-Authorization Information carefully.**

- I (We) as the account holders authorize the Fredrickson-McGregor Education Foundation for LPNs to withdrawal from my(our) account until such time as written notice to the contrary is given by me (us) to the Fredrickson-McGregor Education Foundation for LPNs.
- The branch of the financial institution at which I (we) maintain the account is not required to verify that the payments is drawn in accordance with this authorization.
- I (we) will notify the Fredrickson-McGregor Education Foundation for LPNs of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit by written notification or fax.
- In the event that a withdrawal is returned as insufficient funds or account is closed, a NSF fee of \$25.00 will be applied to the replacement payment.
- The Fredrickson McGregor Education Foundation for LPNs reserves the right to publish names of supporters on the website and for public relations and media.

**Yes!** I want to give my support to The Fredrickson-McGregor Education Foundation for LPNs with my TAX-DEDUCTIBLE gift in the amount of: \$\_\_\_\_\_ please bill me:  One-time gift  Monthly  Quarterly.

**Method of Payment:**

- Enclosed is my personal check:  Onetime gift.
- Enclosed is my void cheque:  Monthly  Quarterly (please make cheque payable to The Fredrickson-McGregor Education Foundation for LPNs).
- Charge my Credit Card: **Visa/MC**:  Onetime gift  Monthly  Quarterly (Credit card receipts will be emailed upon processing **(Complete the Credit Card Authorization information below)**).

Type or write the information into the below boxes. Fax completed form to CLPNA at 780-484-9069 or email to [Foundation@clpna.com](mailto:Foundation@clpna.com).

PAYMENT INFORMATION (please print)					
Date:		Amount (\$):			
PERSONAL INFORMATION (please print)					
First and Last Name: (Please print)		CLPNA Registration #:			
Mailing Address:					
City:		Province:		Postal Code:	
Phone:		Fax:			
Email:					
IN MEMORY OF (please print)					
First and Last Name					

PREAUTHORIZATION FINANCIAL INSTITUTION INFORMATION (please print)					
Account Holder First and Last Name:					
Name of Financial Institution:					
Account #:		Transit #:		Institution #:	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings
Signature:		Date:			

For privacy and security reasons, once payment is processed the below section will be destroyed.

CREDIT CARD INFORMATION (please print)					
Cardholder Name:					
Credit Card #:					<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Preauthorization: Please check selection.	<input type="checkbox"/> Onetime <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
Expiry Date:	Month:		Year:		
Signature:		Date:			