



# DONATE & MEMBERSHIP FORM

## Information

Name #1 \_\_\_\_\_

Name #2 \_\_\_\_\_

*Voting members must be 18 years and older. Please name each voting member.*

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

*By providing your email address to us, you consent to receive messages about our news and events. You may choose to unsubscribe at any time. We will never share your email address with anyone else.*

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## DONATE

I want to help with a donation of \$ \_\_\_\_\_

I want to make a monthly donation of \$ \_\_\_\_\_

I want to direct my donation to the following Endowment Fund.

Mississippi Madawaska Trust Sustainability Fund

Mississippi Madawaska Trust Acquisition Fund

I want to donate in memory of OR  For a special event (ex. birthday or anniversary)

Person's Name \_\_\_\_\_

Tax receipts will be issued for donations. Reg. Charity No. 87859 1007 RR0001



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### BECOME A MEMBER

Single Membership \$25       Family Membership \$40

This is a  New Membership or a  Renewal of Membership

Membership fees are not eligible for a tax receipt and renew on January 1<sup>st</sup> of each calendar year.

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#### Method of Payment

- Cash
- Cheque (payable to MMLT)
- Pre-Authorized Debit for Donation (See next page for details)

Total Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

#### Mail Cheque & Completed Form to

Mississippi Madawaska Land Trust  
10970 Hwy 7, Carleton Place, ON K7C 3P1  
613-253-2722 admin@mmlt.ca www.mmlt.ca

Note: We appreciate your contribution and would like to acknowledge it publicly. Please check here if you prefer your contribution be kept confidential.



## PRE-AUTHORIZED DEBIT FORM

I/we authorize the Mississippi Madawaska Land Trust to process a debit in the amount of

\$10 monthly    \$20 monthly    \$50 monthly    \$100 monthly   \$\_\_\_\_ monthly

on my/our account on the  15<sup>th</sup>    28<sup>th</sup> (please select one) day of every month

beginning in \_\_\_\_\_ (month), \_\_\_\_\_ (year).

I/we acknowledge that I/we have read, understood and accepted all the provisions in the Terms and Conditions set out below.

Name(s): \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home)   \_\_\_\_\_ (work)

Email(s): \_\_\_\_\_

Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

**For bank withdrawals please attach your cheque marked "VOID" and mail to:  
Mississippi Madawaska Land Trust, 10970 Hwy 7, Carleton Place, ON K7C 3P1**

### Terms and Conditions:

I/we acknowledge that this Authorization is provided for the benefit of the Mississippi Madawaska Land Trust (MMLT) and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payment Association.

I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed the authorization form above.

I/we hereby authorize the MMLT to draw on my account a monthly charitable contribution in the amount indicated in the accompanying authorization.

This authorization may be cancelled at any time upon notice from the donor. I/we acknowledge that, in order to revoke this authorization, I/we must provide notice of the revocation to the MMLT.

I/we acknowledge that provision and delivery of this authorization to the MMLT constitutes delivery by the MMLTC to my financial institution.

I/we undertake to inform the MMLT, in writing, of any change in the account information provided in this authorization prior to the next due date of the Pre-authorized debit (PAD).

The account that I/we are authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

A PAD may be disputed by a Payer under the following conditions:

1. the PAD was not drawn in accordance with the Payer's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payer, in order to be reimbursed, acknowledges that a declaration to the effect that either 1, 2, or 3 took place, must be completed and presented to the branch of the Processing Institution holding the Payer's account up to and including 90 days after the date on which the PAD in dispute was posted to the Payer's account.

**Please make a copy of this form for your records, download a copy of these Terms and Conditions from our website at [mmlt.ca](http://mmlt.ca), or contact the MMLT office at 613-253-2722, or by emailing [admin@mmlt.ca](mailto:admin@mmlt.ca).**