



**Cardiac Health Foundation of Canada**  
901 Lawrence Ave West, Suite 306  
Toronto, ON M6A 1C3  
T: 416-730-8299 F:416-730-0421  
Email: [info@cardiachealth.ca](mailto:info@cardiachealth.ca)  
[www.cardiachealth.ca](http://www.cardiachealth.ca) / [www.walkoflife.ca](http://www.walkoflife.ca)  
Charitable Registration #: 12433 9151 RR0001

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

Start Date \_\_\_\_\_

I want to support the Cardiac Health Foundation of Canada through monthly donations.

Please debit my bank account (attach void cheque):

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100 \_\_\_\_\_ Other Amount \_\_\_\_\_ (specify)

The debit will be processed on the 15<sup>th</sup> day of the month unless otherwise stated by you.

Authorized Signature(s): \_\_\_\_\_

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

This donation is made on behalf of an Individual \_\_\_\_\_ or a Business \_\_\_\_\_

I may revoke my authorization at any time, subject to providing notice of 30 days. 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).

Please email or fax completed and signed form to the Cardiac Health Foundation of Canada:

Christina Mellos, Operations Manager – [cmellos@cardiachealth.ca](mailto:cmellos@cardiachealth.ca)

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