



Adopt-a-Core-Staff

Monthly Giving

Why give to Core Staff?

- Core Staff are an essential part of the camp program because they are staff who commit to serving at camp for the FULL summer.
- Many staff are post secondary students who need funds for their studies
- Due to changes in government, grant funding is no longer available.

Monthly Giving options:

Adopt 1 Core Staff member for 1 week ----->	\$21/month
Adopt 1 Core Staff member for 2 weeks ----->	\$42/month
Adopt 1 Core Staff member for HALF summer ----->	\$63/month
Adopt 1 Core Staff member for FULL summer ----->	\$125/month
<i>*Amounts come from the camps commitment to pay each Core Staff member \$1500 for the FULL summer</i>	



3 Ways to Give:

1. Fill out the form below and mail to Box 2319 La Crete, AB T0H 2H0
2. Online by visiting www.pinelodgebiblecamp.com/adoptastaff (you must have a paypal account for this to be an option)
3. Call Jason @ 780-247-1484 to set up Monthly Giving

A TAX DEDUCTABLE RECEIPT WILL BE ISSUED AT THE END OF THE YEAR

Yes! I would like to support Pinelodge Bible Camp with my monthly tax deductible gift of:

\$21 \$42 \$63 \$125 Other: \$ _____

Name: _____ Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone # _____ Email: _____

Payment Details:

This donation is on behalf of a: ___ Individual ___ Business

PreAuthorized Debit: (Attach a VOID cheque)

I/We authorize Pinelodge Bible Camp to debit the bank account identified on the 28th of each month or the next business day. You, the Payor, may revoke your authorization at any time (in writing or by phone), subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD, contact your financial institution or visit www.cdnpay.ca.

I/We would like the withdraw to begin the 28th of the month of _____ and continue on for _____ years.

I would like the withdraws to be continuous _____ (check box)

*The account holder is responsible to notify the camp if he/she wants to stop withdraws or account information has changed.

Signature of Account Holder: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.