

“PAY THE GIFT CARD WAY”™ Participant Registration (Western Canada)

NAME: _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____ Home Work
CITY: _____ **PROV: ON** **POSTAL CODE:** _____

1a. Choose Your Weekly (Monthly) Grocery Card Order

1b. * Optional Add-On Monthly Gas Order (minimum grocery order of \$150 required before ordering gas)

- Basic* *Most Popular Choice* **Optional add on*
 \$57/wk (\$250/month) \$80/wk (\$350/month) \$50/month X ____ = ____
The minimum monthly order is \$150. To choose this order level check \$50/month X 3
The total of all cards selected below must add up to either \$150, \$250 or \$350 plus any \$50 add on options
- Save on Foods** \$25x____ \$50x____ \$100x____
(Save On, Price Smart, Overwaitea, Cooper's, Urban Fare, Bulkley Valley Wholesale)
 - Safeway** \$25x____ \$50x____ \$100x____ \$250x____
 - Loblaws** \$25x____ \$50x____ \$100x____ \$250x____
(Loblaws, No Frills, Zehrs, Value Mart, Fortinos, Your Independent Grocer, Extra Foods, The Real Canadian Superstore & Wholesale Clubs) **Can also be used at affiliate gas bars where available.**
 - Giant Tiger** \$25x____ \$50x____ \$100x____
 - Sobeys/Foodland** \$25x____ \$50x____ \$100x____ \$250x____
(Sobeys, Foodland, Price Chopper, Fresh Co, IGA) **Can also be used at Sobeys gas bars where available.**
 - M & M Meats** \$25x____ \$50x____ \$100x____
 - Shoppers Drug Mart** \$25x____ \$50x____ \$100x____
 - Starbucks** \$15x____ \$25x____ \$50x____
 - Tim Horton's** \$15x____ \$25x____ \$50x____

- \$100 \$200 \$300 and/or
- \$25/month X ____ = ____ \$50/month X ____ = ____
- Canadian Tire** \$25x____ \$50x____ \$100x____
(Note: CT gift cards are accepted at Gas Bar & In-Store)
- Esso** \$25x____ \$50x____ \$100x____
- Petro Can** \$25x____ \$50x____ \$100x____
- Pioneer** \$25x____ \$50x____ \$100x____
- Ultramar** \$25x____ \$50x____
- Husky** \$25x____ \$50x____
- Chevron** \$25x____ (gift certificate)

“PAY THE GIFT-CARD WAY”™
You are making a donation to:

2. Complete your account information, or attach a VOID cheque for pre-authorized payment:

Name of Financial Institution: _____

Sample Cheque:



Branch number: _____ (five digits) Institution number: _____ (three digits)

Account number: _____ (maximum of twelve digits)

- Please Withdraw Funds:**
- Full amount on 1st of the month
 - ½ of amount on 1st and ½ of amount on 15th of the month
 - Weekly on the 1st, 8th, 15th, 22nd. Minimum of \$350/month for this option.

I/we the undersigned authorize Community Charity Services (CCS) to debit my/our account at the financial institution indicated under the terms and conditions agreed by me/us with CCS until such time as written notice to the contrary is given by me/us to CCS. I/we have read and understood the terms and conditions and hereby accept them as a condition of my/our participation in PAP. I also authorize CCS to forward my annual purchase discount to The Canadian Charity Foundation and/or directly my chosen as a charitable donation to the charity I am supporting.

Signature _____ Date _____

GREAT NEWS!

Every 12 months your *grocery* order will generate a donation of:
\$ 90 for \$250/month order
\$ 120 for \$350/month order
AND
\$20 for every additional \$50/ month increment

If you add *gas* on to your grocery order, you will donate an additional:
\$20 for \$100/month order
\$40 for \$200/month order
\$60 for \$300/month order.

You will receive a charitable tax receipt from the Canadian Charity Foundation on behalf of your chosen charity or directly from your charity each year that you participate and generate the contribution based on your monthly grocery and gas card order.

3. Mail, Fax or Scan- E-Mail your registration form to:



Community Charity Services 25 Industrial Drive, Elmira ON N3B 3K3
T: 519-669-1081 or 1- 866-669-2276 **F:** 519-669-2573 **E:** service@charityservices.ca
 You can also register online at www.charityservices.ca