



PROLASA Canada

2137 Route 109, ARTHURETTE, New Brunswick, Canada E7H 4B6
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www.prolasa.org

Dear Sponsor,

Thank you for choosing to be a part of ICC's ministry for orphaned and abandoned children. Your generosity means so much.

As you can imagine both the government and banks have certain record-keeping requirements for credit card transactions. In order to comply with these and keep all of our paperwork in order we have drafted this form. We hope that this is not an inconvenience for you and we have tried to make the form as straightforward as possible.

Automatic Debit is not available at this time.



This form is not required for cheques or post-dated cheques as method of payment. They can simply be forwarded to our office.



This form is only required for credit card transactions.

Thank you for your time. Feel free to contact us with any questions you may have.

PROLASA Administrative team

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Last Name												First Name											
Street Address or Post Office Box												Address Line 2											
City						Province						Zip Code						Phone					
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VISA MC Card Number: _____ - _____ - _____ - _____ Exp: ____/____

Monthly Sponsorship Amount: \$ _____ Notes: _____

I hereby authorize PROLASA Canada to process the above listed credit card for the listed total on a monthly basis. I am aware that this transaction will be automatically processed monthly and that receipts will be issued for these donations on an annual basis. If I wish to make changes to this sponsorship arrangement I will contact PROLASA Canada.

Date: _____

Signature: _____