



**Return to: BC Citizens for Public Power**  
 Office address: 604-207 West Hastings St. • Vancouver, BC • V6B 1H7  
 Mailing address: 600-916 West Broadway • Vancouver, BC • V5Z 1K7  
 Phone: 604.681.5939 • Fax: 604.681.2127  
 Email: donate@citizensforpublicpower.ca

## Be part of the movement to restore and protect public power in British Columbia

### ADVOCATES

**YES!** I'm an **ADVOCATE** for BC Citizens for Public Power and have enclosed a **donation** in support of your work.

Gift amount:  \$50  \$100  \$150  Other \$ \_\_\_\_\_

Method of payment:  Cheque (*Payable to Citizens for Public Power Society*)

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

### PUBLIC DEFENDERS

**YES!** I'd like to become a **PUBLIC DEFENDER** by supporting BC Citizens for Public Power through **monthly donations**.

#### Pre-Authorized Debit (PAD) Agreement:

Donor profile:  Individual  Business

Please debit my bank account or charge my credit card:  \$10  \$25  \$40  \$50  Other \$ \_\_\_\_\_

The debit will be processed on the 15<sup>th</sup> day of each month or the next business day

Method of payment:  Cheque (*Please attach a cheque marked "VOID"*)

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**Donor Rights & Recourses:** You may revoke your authorization at any time, subject to providing written notice to BCCPP at least ten (10) business days before the next scheduled monthly debit. You also 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 Agreement. To obtain sample cancellation forms or reimbursement claim forms, as well as information on your right to cancel a PAD Agreement and other recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

#### Donor/Account Holder Information:

Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Account Holders' Signature(s) \_\_\_\_\_ Joint account holders require both signatures \_\_\_\_\_ Date \_\_\_\_\_

### BC GUARDIANS

**YES!** I'd like to join the network of **BC GUARDIANS** working to expose and oppose adverse environmental, social, and economic impacts resulting from the privatization of BC's electricity sector.

Please send me an Associate Registration form and additional information.

### VOLUNTEERS

**YES!** I'd like to contribute my skills, experience, and time to the work of BCCPP as a **VOLUNTEER**.

Please contact me about **volunteer opportunities**.

Areas of expertise/interest:  Committee work  Administration  Community organizing

Other \_\_\_\_\_

Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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