

Donation Form for Canadian Donors

All donations from Canada are handled by our sister organization Siddhartha's Intent Society, a charitable organization incorporated under Canadian law. Please complete and return this Form to Siddhartha's Intent Society at 486 West 26th Avenue, Vancouver, B.C. V5Y 2K2, Canada.

I wish to make a one-time donation of C\$_____ to the Khyentse Foundation.

I wish to make a **regular** monthly donation of C\$_____ (*amount*) starting _____ (*date*) to Khyentse Foundation. This qualifies me for the Monthly Donations Matching Funds Program, which will double my contribution to the Khyentse Foundation.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please check here if you wish to remain anonymous:

I wish to make my tax-deductible donation by:

1. Check

Please make your donation checks payable to: **Siddhartha's Intent Society**. Regular donors please complete the attached

2. Direct deposit

Please make direct deposits into the Siddhartha's Intent Society Account:

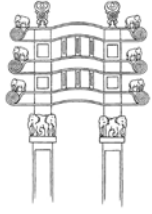
Royal Bank of Canada
Broadway & Yukon (Cambie) Branch
398 West Broadway,
Vancouver, BC V5Y 1R2 Canada
Transit#5600
For Account: 101-0123 In Name of : Siddhartha's Intent Society

3. Automatic bank withdrawal

All regular donors please complete the attached Donors Authorization for Pre-approved debits.

For further information, please contact:

Amelia Chow, Khyentse Foundation Country Representative for Canada
C/O Siddhartha's Intent Society
486 West 26th Avenue, Vancouver, B.C. V5Y 2K2
Phone: 604 875 8563 Fax: 604-873 8262 Email: amelia@khyentsefoundation.org



Siddhartha's Intent

Tel: 604 875 - 8552

Fax: 604 873 - 8262

International Headquarters

486 West 26th Ave., Vancouver, B.C., V5Y 2K2 Canada

DONOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS (PAD)

1. Donor's Name and Address – please print
I/We warrant and represent that the following information is accurate.

Mr, Mrs, Ms, Miss	Surname	First Name
Street		
Town	Postal Code	Telephone Number

Email Address:

Name of Donor's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Account Number

2. I/We have attached a specimen cheque marked "VOID" to this donor authorization (the "Authorization").
3. I/We hereby authorize the amount of Canadian Dollar: _____ to be debited from the account on the 15th of each month beginning (month/Year) _____.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We may cancel the Authorization at any time upon providing written notice to Siddhartha's Intent.
6. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.

Signed _____
Dated _____

Signed _____
Dated _____