

KHYENTSE FOUNDATION CANADA DONATIONS

Thank you! Your generous support makes all the difference.

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 Khyentse Foundation.

I wish to make a regular monthly donation of C\$_____ starting _____

*to Khyentse Foundation. This qualifies me for the Monthly Donation Matching Funds Program, which will **double my contribution** to Khyentse Foundation.*

(Please complete the attached form, "Donor's Authorization for Preauthorized Debits.")

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Signature _____ Date _____

Please check here if you wish to remain anonymous

Payment by cheque

Please make your cheque payable to Siddhartha's Intent Society.

If you wish to become a monthly donor, complete the attached form.

Payment by direct deposit

You can make direct deposits to the Siddhartha's Intent Society account:

Royal Bank of Canada
Broadway & Cambie Branch
505 West Broadway,
Vancouver, BC V5Y 1R2 Canada
Transit#04830

For account 101-0123

In name of Siddhartha's Intent Society

Payment by automatic bank withdrawal

If you wish to become a monthly donor, please complete the attached form, "Donor's Authorization for Preauthorized Debits."

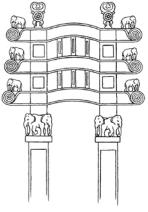
For more information, contact:

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 PREAUTHORIZED DEBITS

Donor's name and address (please print)

I/We warrant and represent that the following information is accurate.

Mr Mrs Ms Miss

Last Name _____ First Name _____

Street _____ City _____

Postal Code _____

Telephone Number _____

Email Address _____

Name of Donor's Financial Institution (the processing institution): _____

Street: _____ City: _____

Postal Code: _____ Account Number: _____

2. I/We have attached a specimen cheque marked "VOID" to this donor authorization form.

3. I/We hereby authorize the amount of Canadian dollars _____ to be debited from the account on the 15th of each month beginning on (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 Society.

6. I/We agree that the information contained in the authorization may be disclosed to Royal Bank of Canada as required to complete any preauthorized debits transaction.

Signature _____ Date _____

Signature _____ Date _____