



### Authorization for Credit Card Donation

(Please note: credit card donations may take 1 to 3 weeks for processing)

Full Name:

Street Address:

City:  Province:  Postal Code:

Email:

Telephone:  ( )  Fax:  ( )

Visa #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMEX #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Frequency:  Once

Monthly, on the  1<sup>st</sup> or  15<sup>th</sup> of each month

***I authorize the Stephen Lewis Foundation to charge my credit card as indicated above.***

Date: \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

\*\*\*\*\*

If this donation is in honour of someone:  
**In Honour of Name:** \_\_\_\_\_  
 Address of Honouree: (for a tribute letter to be sent):  
 \_\_\_\_\_  
 \_\_\_\_\_

If this donation is in memory of someone\*:  
**In Memory of Name:** \_\_\_\_\_  
 Address of Family: (for a memorial letter to be sent):  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only	
<b>Office:</b>	Rec'd _____ T/C Sent _____
	Batch Date _____ (To Data)
<b>Data:</b>	Entered _____ TY Sent _____
	To Acct _____
<b>Acct:</b>	Proc'd _____ Conf# _____
	To Off/Data _____
<b>Data:</b>	Rec# _____ RecDate _____
	To Acc/Office _____

*\*Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please check here if you would prefer that we not release this information to them.*

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