

my financial institution or visit www.cdnpay.ca.

Monthly Donation Form

Personal Information	
Name:First name	Last name
Street Address:	
City/Town: Provin	ce: Postal Code:
Email: Phone	
Please send me updates about the Foundation and its African partner	rs by: □ email □ lettermail □ no updates, thanks
Donation Information	
Monthly gift amount: \$15 \$30 \$50 \$100 \$Process my donation on the: \$15 \$15 \$15 th of each month This donation is made by: \$\text{an individual}\$ \$\text{a business}\$ I prefer to give by: \$\text{Credit card (please fill out the credit card sect \$\text{Pre-authorized debit (please fill out the pre-a t)}\$	ion below)
Credit Card	
Card type: ☐ Visa ☐ MasterCard ☐ American Express	
Card type: ☐ Visa ☐ MasterCard ☐ American Express Card #:	Expiry (<i>mm/yy</i>):/
Card #:	Expiry (<i>mm/yy</i>): /
Card #:	CVV:
Card #: Name on card: Signature:	CVV:
Card #:	CVV:
Card #: Name on card: Signature: I understand that my donations will continue automatically each month until I may be considered as a subject to the continue automatically each month until I may be considered as a subject to the continue automatically each month until I may be considered as a subject to the continue automatically each month until I may be continued as a subject to the continue automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month until I may be continued as a subject to the continued automatically each month and the continued automatically each month an	CVV:
Card #: Name on card: Signature: I understand that my donations will continue automatically each month until I roll can change or cancel my monthly donation at any time. Pre-Authorized Debit (PAD)	CVV:
Card #: Name on card: Signature: I understand that my donations will continue automatically each month until I man change or cancel my monthly donation at any time. Pre-Authorized Debit (PAD) Please attach a VOID cheque.	CVV: Date: otify the Stephen Lewis Foundation of any change.
Card #: Name on card: Signature: I understand that my donations will continue automatically each month until I may be considered as a change or cancel my monthly donation at any time. Pre-Authorized Debit (PAD)	CVV: Date: otify the Stephen Lewis Foundation of any change. Date:

The Stephen Lewis Foundation respects the privacy of its donors; we do not sell, rent or trade our donor lists.

If you would like to change the way we communicate with you, please email us at info@stephenlewisfoundation.org or call 1-888-203-9990, ext. 0.

A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donation.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact