

PRE-AUTHORIZED MONTHLY DONATION FORM

Save the Mothers is a Registered Canadian Charity #82876 7335 RR0001

Any donation to Save the Mothers will be given a tax-deductible receipt.

Please complete this form and include a VOID cheque or complete the Credit Card information below and return to:

Save the Mothers 27 Legend Crt. · PO Box 10126 · Ancaster · ON · L9K 1P3 · Canada

Name: _____

Address: _____

City: _____

Postal/Zip Code: _____ Country: _____

Phone: () _____

E-mail: _____

I/We authorize Save the Mothers to withdraw a monthly donation on the () 1st () 15th () 25th of each month. Donation Amount: \$ _____

Credit Card Type: VISA MasterCard American Express

Card Holder Name: (as written on card) _____

Credit Card Number:

Expiry Date: / 3 or 4 Digit Security Code (CVC):

Signature: _____

Yes, I have attached a void cheque.