

MONTHLY DONATION FORM (Pre Authorized Debit or Credit Card)



Personal Information:

Name:	_____			
Address:	_____			
Postal Code:	_____	Phone:	_____	
Email:	_____			
I would like my annual tax receipt sent to me by:	Email	<input type="checkbox"/>	Mail	<input type="checkbox"/>
I would like my monthly donor newsletter sent to me by:	Email	<input type="checkbox"/>	Mail	<input type="checkbox"/>

Donation Information:

Monthly Gift Amount:		\$	_____
Process my donation on:	1st of Every Month	<input type="checkbox"/>	15th of Every Month <input type="checkbox"/>
This donation is made in memory of or to honour someone	<input type="checkbox"/>		
I prefer to donate using:	<input type="checkbox"/>	Credit Card (fill out CC section below)	
	<input type="checkbox"/>	Pre Authorized Debit (fill out PAD section below)	
	<input type="checkbox"/>	I am an existing donor wanting to modify my donation	

Credit Card Information

Card Type:	<input type="checkbox"/> Visa	Name on Card:	_____
	<input type="checkbox"/> Mastercard	Card Number:	_____
	<input type="checkbox"/> Other	Expiry (mm/yy):	_____ CVV #: _____
SIGNATURE:	_____		Date: _____
<small>*I understand my donation will automatically be withdrawn from my account each month until I notify the Pembina Valley Humane Society. I can change or cancel my donation at any time.</small>			

Pre Authorized Debit (PAD):

Please attach a void cheque	
SIGNATURE:	_____ Date: _____
<small>*I understand my donation will automatically be withdrawn from my account each month until I notify the Pembina Valley Humane Society. I can change or cancel my donation at any time.</small>	

A TAX RECEIPT WILL BE ISSUED FOR ALL DONATIONS

Return By Mail To: 462 Jefferson Street, Morden MB R6M 1Y4

Return By Email To: treasurer@pvhsociety.ca

Charitable Number: 852072370RR0001