

## MONTHLY GIVING DONOR FORM

I authorize the Canadian Authors Association to charge my credit card every month, on or about the 15<sup>th</sup> of each month in the following amount:

\$ \_\_\_\_\_

I understand that I may change or cancel my donation at any time by contacting Canadian Authors Association.

Signature: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country (if outside Canada) \_\_\_\_\_

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## CREDIT CARD INFORMATION

- Visa  
 MasterCard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CV2: \_\_\_\_\_ (three-digit security number on the back of your card)

Name on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

*An official receipt for income tax purposes will be issued at the end of each calendar year.*

*All donations will be acknowledged on a special Supporters page of our website. If you do not wish your name to be included, please check this box.*

### Please send the form to

Canadian Authors Association  
c/o Anita Purcell, Executive Director  
45 Penetang Street  
Orillia, ON L3V 3N3

*Thank you for your contribution !*