

MONTHLY GIVING DONOR FORM

I authorize the Canadian Authors Association to charge my credit card every month, on or about the 15th 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.

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CREDIT CARD INFORMATION

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

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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 Brandi Tanner, Administrative Director
19 Machell Avenue
Aurora, ON L4G 2R6

Thank you for your contribution !