



Monthly Giving Form

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Please print and complete this form then send to:

Fax (902) 429-6563

or mail to:

Canadian Cancer Society - NS Division

5826 South Street

Halifax NS B3H 1S6

I want to join "Friends For Hope", the Canadian Cancer Society's monthly giving program.

I authorize the Canadian Cancer Society to withdraw my monthly donation of _____ from my bank account. (Please enclose a blank cheque marked "Void.")

I authorize the Canadian Cancer Society to Charge my monthly donation of _____ to my credit card. (Please complete credit card information below.)

Mr Mrs. Ms Dr.

First Name: _____ Initial: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number _____ E-mail: _____

Credit Card information: Visa MasterCard

Card Number: _____

Expiry Date: _____

Signature: _____

The Canadian Cancer Society respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. From time to time we send information about supporting the work of the Canadian Cancer Society. We do not sell, trade or otherwise share our mailing lists. However, if at any time you wish to be removed from any mailing, please contact us by phone at 1-800-639-0222 or by email at ccs.ns@ns.cancer.ca.

About your tax receipt: You will receive a tax receipt in January for donations processed during the pervious calendar year.

Charitable registration numbers 11882 9803 RR0009 (Canada)