



260 Spadina Avenue, Suite 501
Toronto, Ontario, Canada M5T 2E4
t/416.533.9292 f/416.850.4910

Authorization for Credit Card Donation

(Please note: credit card donations may take 1 to 3 weeks for processing)

Full Name:

Street Address:

City: Province: Postal Code

Email:

Telephone: () Fax: ()

Visa #: _____ Expiry Date: ____/____/____

MC #: _____ Expiry Date: ____/____/____

AMEX #: _____ Expiry Date: ____/____/____

Name as it appears on Card: _____

Amount to be charged: \$ _____

Frequency: Once
 Monthly, on the 1st or 15th of each month

I authorize the Stephen Lewis Foundation to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____

If this donation is in honour of someone:
In Honour of Name: _____
Address of Honouree: (for a tribute letter to be sent):

If this donation is in memory of someone*:
In Memory of Name: _____
Address of Family: (for a memorial letter to be sent):

Office Use Only	
Office:	Rec'd _____ T/C Sent _____
	Batch Date _____ (To Data)
Data:	Entered _____ TY Sent _____
	To Acct _____
Acct:	Proc'd _____ Conf# _____
	To Off/Data _____
Data:	Rec# _____ RecDate _____
	To Acc/Office _____

**Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please indicate if you would prefer that we not release this information to them.*

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