

# 10 for 10: Monthly Donation Form

## Personal Information

Name: \_\_\_\_\_  
First Name Last Name

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please send me updates about the Foundation and its African partners by:  email  lettermail  no updates, thanks

## Donation Information

Monthly gift amount:  \$10  \$20  \$50  Other: \$ \_\_\_\_\_

Process my donation on the:  1st  15th of each month

This donation is made by:  an individual  a business

I prefer to give by:  Credit card (please fill out the **credit card** section below)  
 Pre-authorized debit (please fill out the **pre-authorized debit (PAD)** section below)

## Credit Card

Card type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_ Expiry (mm/yy) : \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

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

I understand that my donations will continue automatically each month until I notify the Stephen Lewis Foundation of any change. I can change or cancel my monthly donation at any time.

## Pre-Authorized Debit (PAD)

**Please attach a void cheque.**

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

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The Stephen Lewis Foundation respects the privacy of its donors; we do not sell, rent or trade our donor lists.

If you would like to change the way we communicate with you, please email us at [info@stephenlewisfoundation.org](mailto:info@stephenlewisfoundation.org) or call 1-888-203-9990, ext. 0.

A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donation.



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 Charitable #: 89635 4008 RR0001