



ONLINE DONATION FORM
PLEASE FAX TO 1-306-205-8339
OR MAIL: 265 - 438 VICTORIA AVE EAST, REGINA, SK S4N 0N7

Date: _____

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal: _____

Email: _____ Phone: _____

Campaign: _____
(please let us know if this donation is to be directed towards a specific campaign)

DONATION TYPE: (donations totalling an annual amount of \$100 or more will receive our quarterly magazine *The Taxpayer*)

One time donation: \$ _____

Monthly donation*: \$ _____ (can be via credit card or chequing account)

PAYMENT TYPE:

I would like to pay with my credit card: Visa MasterCard American Express

Please take monthly donations as indicated above from my credit card

Card number: _____ Expiry Date: ____ / ____

Signature of cardholder: _____

I have enclosed a cheque

I have enclosed a void cheque to be used for pre-authorized monthly payments from my chequing account and by signing this form here _____, I give Canadian Taxpayers Federation authority to take the amount specified above until I request payments to stop.

* PRE-AUTHORIZED PAYMENT INFORMATION:

The debit will be processed to either your chequing account or credit card on the 10th day of the month or the next business day. The day of the month can be changed upon request.

You may revoke your authorization at any time, subject to providing notice in writing 14 days prior to next payment. Please send notice to:

Canadian Taxpayers Federation

Administration Office

265 - 438 Victoria Ave E

Regina, SK S4N 0N7

You have certain recourse rights if any debit does not comply with this agreement. For more information you may contact your financial institution or visit

www.cdnpay.ca.