

DONATION FORM

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 triannual 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 donation amount will be processed from either your credit card or chequing account as indicated above. Monthly donations will be taken on the 10th day of the month or the next business day. Monthly donations will continue until you request payments to stop.

You may revoke your authorization at any time, subject to providing notice 14 days prior to the next payment. Notice can be given via email at ctf_admin@taxpayer.com, phone at 1-800-667-7933 or mail at: Canadian Taxpayers Federation Administration Office 501 - 2201 11th Ave Regina, SK S4P 0J8

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: <https://www.canada.ca/en/financial-consumer-agency/services/banking/preauthorized-debit.html>