



MONTHLY GIVING PROGRAM AUTHORIZATION

NAME: _____ Dr. Mr. Mrs. Miss Ms.

ADDRESS: _____
(apartment) (street)

_____ (city) (province) (postal code)

E-MAIL: _____ PHONE: (____) _____

MONTHLY GIFT AMOUNT: \$ _____
(Note: Transfers will take place on the 15th day of each month)

First Gift Date: _____ Final Gift Date: _____ On-going Gift: _____
(You may cancel your pledge at any time – please allow four weeks notice)

Credit Card Number: _____ Expiry Date: ____ / ____

Name as appears on card: _____ Visa: ____ MasterCard: ____

Signature: _____

Please email the completed form to the Friends of The Federation of Calgary Communities at
communityrelations@calgarycommunities.com

Or by fax or mail as listed below
Suite 301, 1609 – 14th Street SW
Calgary, AB T3C 1E4
Fax: (403) 244-4129

THANK YOU FOR YOUR SUPPORT!

Your donation is tax deductible and you will receive a tax receipt for your gift.

The Friends of the Federation values your privacy and does not sell or trade donor information.
We would like to keep you updated on our activities with occasional newsletters or e-mails.

If you do not wish any contact from our organization, please check here: _____.

Financial information and audited financial statements are available by contacting Leslie Evans at (403) 244-4111.