



DONATION FORM

Contact Details

Name: _____

Address: _____

City: _____ Prov/State: _____

Country: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Donation Details

Yes, I would like to support the work of AboutFace!

With A Gift Of: \$100 \$75 \$50 \$35 Other \$ _____

_____ I have enclosed a cheque/money order payable to AboutFace.

OR

Please Charge My: VISA MasterCard American Express

Card Number: _____ Expiry Date: _____

Signature: _____

A receipt for tax purposes will be issued for all donations of \$15 or more.
AboutFace respects your privacy. We do not rent, trade or sell our mailing lists.

I would like to join **Circle of Smiles**, the AboutFace Monthly Giving Club.

With A Monthly Gift Of: \$75 \$50 \$25 Other \$ _____

Take My Donation From My: VISA MasterCard American Express

Card Number: _____ Expiry Date: _____

I authorize AboutFace to make automatic withdrawals from my credit card as indicated above. I understand that I may cancel this authorization at any time by notifying AboutFace in writing. I will receive a single tax receipt for the total of my year's monthly giving at the beginning of the next calendar year. Monthly deductions will be processed on the 16th of each month.

Signature: _____ Date: _____

Please complete this form and return it to our office with your payment.

Thank you for your support!
Your generosity makes a difference.

AboutFace

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Charitable Registration #126761410-RR0001