



MONTHLY DONATION FORM

to be completed in full

Donor Name or Company Name: _____

Company Contact Person: _____

Email: _____

Phone: _____

Ext: _____

Address: _____

Suite/Apt/Unit: _____

City: _____

Province: _____

Postal Code: _____

MONTHLY DONATION OPTIONS

Monthly Donation Amount: \$ _____

- Withdrawn On: 1st day of each month
 15th day of each month

PAYMENT OPTIONS

- Direct Debit (Please enclose a void cheque or fill out the required information below)

Bank Name: _____

Branch Name: _____

Account Holder Name: _____

Financial Institution #: _____

Transit #: _____

Account #: _____

- Credit Card

Visa

Mastercard

American Express

Card Number: _____

Expiry: _____

Signature: _____

Date: _____

By submitting this form, you will be joining STARS' monthly giving program. The amount indicated above will be charged monthly until you cancel your recurring gift. Your charitable tax receipt will be mailed to you at year-end for the total amount of your annual giving.



1-855-516-4848



Donations Processing
1441 Aviation Park NE, Box 570
Calgary, AB T2E 8M7



donations@stars.ca | stars.ca