

MONTHLY DONATION FORM



Please complete in full.

Donor Information:

This donation is for: Personal Business

Donor name or Company name: _____

Company Contact Name: _____

Email: _____ Phone: _____ Ext: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Donation Information:

I/we authorize STARS to debit my/our account for the following amount.

Monthly Donation Amount: \$ _____

Withdrawn On (select one): 1st or 15th day of each month

Signature: _____ Date: _____

Payment Options - please select one:

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

Bank Name: _____

Branch Name: _____

Branch Address: _____

Account Holder Name: _____

Financial Institute #: _____ Transit #: _____

Account #: _____

Credit Card

Visa Mastercard American Express

Card Number: _____

Expiry: _____ / _____ CVV: _____

All donations are processed through our Head Office - please return form to:
STARS | 1441 Aviation Park NE, Box 570 | Calgary, AB | T2E 8M7

You may cancel your Pre-Authorized Debit (PAD) at any time with at least 7 days' notice to STARS. STARS may also stop withdrawals at any time. For a sample cancellation form or more information on your right to cancel, contact your financial institution or visit www.payments.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca. STARS protects your personal information and uses it to issue tax receipts and keep you informed about our work. We do not sell or trade your information. To opt out or learn more, contact us or visit www.stars.ca.



1-855-516-4848



donations@stars.ca



stars.ca