

MONTHLY DONATION FORM



Please complete in full.

Donor Information:

Donor name or Company name: _____

Company Contact Name: _____

Email: _____ Phone: _____ Ext: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Monthly Donation Options:

Monthly Donation Amount: \$ _____

Withdrawn On (select one): ☐ 1st or ☐ 15th day of each month

Payment Options – please select one:

☐ **Direct Debit** (please enclose a voice 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: _____

Signature: _____ Date: _____

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

Charitable Registration #81845 9521 RR0001

At STARS, we take your privacy seriously. We will protect your personal information from unauthorized access or disclosure. The information you provide will only be used to provide a tax receipt and to keep you informed of other events and fundraising opportunities in support of STARS. We do not rent, sell, or trade our mailing lists. If at any time you wish to be removed from our list, contact us by phone or e-mail. Our privacy policy can be accessed on STARS website at stars.ca.



1-855-516-4848



donations@stars.ca



stars.ca