

MONTHLY DONATION FORM



Please complete in full.

Donor name or Company name: _____

Contact person: _____

E-mail: _____

Phone: _____

Ext: _____

Address: _____

Suite/Apt/Unit: _____

City: _____

Province: _____

Postal code: _____

Monthly Donation Options:

Monthly Donation Amount: \$ _____

Withdrawn On (check one): 1st or 15th day of each month

Payment options - please check one:

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

Bank Name: _____

Branch Name: _____

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