



CNEWA



Yes! I want to join your monthly giving program

I authorize CNEWA Canada to withdraw monthly the following amount:

\$25 \$30 \$50 \$60 Other \$ _____

1 FROM MY BANK ACCOUNT Please transfer this amount from my bank account on the 1st or 15th of each month.

• I have enclosed a sample cheque marked "VOID" for bank coding.

Signature _____ Date _____

2 FROM MY CREDIT CARD Please deduct this amount from my credit card on the 1st or 15th of each month.

  

Card Number _____ Expiry Date ____ / ____

Name as it appears on the card _____

Signature _____ Date _____

- A tax receipt will be sent to you before February 28 of the following year.
- You can change or cancel your gift at any time by contacting CNEWA Canada at 1-866-322-4441 (toll free) or canada@cnewa.org
- Charitable registration # 86775 7502 RR0001

Please complete the following information

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ E-mail _____

Please return to