



# 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](mailto: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*