

Donor Form



NAME

ADDRESS, CITY, PROVINCE AND POSTAL CODE

PHONE (BUSINESS)

(RESIDENCE)

E-MAIL ADDRESS

I am donating \$ _____ by: Cheque MasterCard VISA

CREDIT CARD NO.

EXPIRY DATE (MM/YY)

NAME ON CREDIT CARD

SIGNATURE

Pre-Authorized payment plan:

I would like to become a monthly donor by pledging \$ _____ a month.
(Please include a void cheque drawn on your bank account.)

SIGNATURE

I hereby authorize Canadian Executive Service Organization to arrange automatic withdrawals from my bank account on a fixed date each month for payment of my monthly pledge. I understand that I may cancel my authorization at any time.

Please send this form (Attention: Development Co-ordinator)
by fax: **416-961-1096**
or mail: **700 Bay Street, Suite 700, Box 328, Toronto, ON M5G 1Z6 (Canada)**