Founder Campaign Donation Form
Thank you for supporting Tails of Help
To contribute today, please complete this form & either fax it to 780.484.8311 or mail it to the address below.

☐ **Please keep my donation anonymous**

_____
Title   First name   Middle initial   Last name

_____
Company

_____
Address   Phone

_____
City   Prov/State   Postal/ZIP Code   Country   Email

☐ **YES!** **I want to make a donation of $** _____

I'd like to make: ☐ one payment   ☐ _____ payments using:
                                          # of payments

1. ☐ One personal cheque or postdated cheque(s) enclosed   **2.** ☐ Electronic Funds Transfer Payment(s)

_____
Bank Name   ABA/Routing Number   Account Number

3. ☐ Charge my: ☐ VISA   ☐ Mastercard   ☐ American Express

                                                                    _____/_____
_____
Name on Card   Card number   Expiry (mm/yy)

I hereby authorize Tails of Help to automatically deduct from my credit card or bank account (EFT) on the_____of each month.
I understand that I may terminate or change this agreement at any time by providing written notice to Tails of Help at info@tailsofhelp.ca.

_____
Signature   Date

OR **I want to join the Monthly Giving Program***

I understand the amount below will be deducted monthly until I state otherwise. I want to give a

monthly gift of $_____. Please begin deducting on the _____of each month beginning _____/_____.
                                                                                    (mm/yy)

Please check payment method:

☐ Electronic Funds Transfer Payment. A cheque marked   ☐ Bill the credit card indicated above for my monthly
   "void" is enclosed.   donation.

*I may stop my authorization at any time, subject to providing notice of 30 days. If at any time debits do not comply with this agreement, I have
 recourse rights by contacting Tails of Help at info@tailsofhelp.ca or contacting my financial institution or by visiting www.tailsofhelp.ca.

Comments _____
_____

Keep me informed Please send me Tails of Help's e-newsletter to update me of how my donation dollars are at work in our community. I understand that I can opt-out at anytime.

☐ **YES,** I would like to subscribe using the email address provided below.

Please remind me Please send me annual email donation reminders. I understand that I can opt-out at any time.

☐ **YES,** I would like to continue to make a difference.