

CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize Canadian Humanitarian Organization for International Relief, to make charges in the amount of CND \$10.00 each month to my Credit card through PayPal. I understand that these charges will take place monthly and that I am entitled to a charitable tax receipt for the amount I donate each calendar year. I understand that Tax receipts are issued each January for the previous calendar year.

**Name**

\_\_\_\_\_

Client's full name - as appears on Credit card

**Billing Address**

Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Credit card Type:** Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_

Credit card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last three digits on the back of the credit card \_\_\_\_\_

X \_\_\_\_\_

Cardholder's Signature:

Date: \_\_\_\_\_

This agreement can be terminated at any time. To cancel this agreement please call 403 527-2741 and ask Canadian Humanitarian staff to cancel your monthly donations.

