

**AFP EVERY MEMBER CAMPAIGN**

**GIVING FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Chapter to be credited: |  |
| Language of correspondence: | | English | Français | AFP ID # |  |

|  |  |
| --- | --- |
| Please send my tax receipt by email: |  |
| Please send my tax receipt to the mailing address on file with AFP | |
| Please send my tax receipt to the mailing address below: | |
|  | |

|  |  |
| --- | --- |
|  I want to join the Alpha Society monthly giving program with an ongoing monthly gift of: |  |
| I understand that I may change or cancel my donation at any time by calling the Foundation at 1-800-796-7373 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  I prefer to make a fixed-term gift of: |  | Monthly | Quarterly | End date: |  |

|  |  |  |
| --- | --- | --- |
|  I prefer to make a one-time gift of: |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment information | VISA | MC | AMEX |  Cheque “AFP Foundation for Philanthropy - Canada” |
|  | Preauthorized debit (please provide a voided cheque) | | | |

|  |  |  |
| --- | --- | --- |
| Credit card number |  | Expiry date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |

|  |  |
| --- | --- |
|  I wish for my gift to remain anonymous | |
|  I would like to make this gift in honor of: |  |

|  |  |
| --- | --- |
| AFP Foundation for Philanthropy - Canada 412-260 King Street East Toronto, ON M5A 4L5 | Phone: 416-941-9144 Fax: 416-941-9013 Email: cdnfoundation@afpglobal.org |

Thank you for your support of the AFP Foundation for Philanthropy - Canada.

Gifts to the Foundation are eligible for a tax receipt. Canadian charity number 869811596 RR0001.

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