

**AFP EVERY MEMBER CAMPAIGN**

**GIVING FORM**

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

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| --- | --- |
| 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) |  Etransfer (please send to cdnfoundation@afpglobal.org ) |

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

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

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

|  |  |
| --- | --- |
| AFP Foundation for Philanthropy - Canada675 King Street West, Suite 203Toronto, ON M5V 1M9 | Phone: 416-941-9144Fax: 416-941-9013Email: cdnfoundation@afpglobal.org |

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

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