



Monthly Donation Form

Thank you for becoming a Canadian Hearing Services Monthly Donor!

Please complete the following information and send it back to our office:

DONOR INFORMATION			
Name			
Address			
City			
Province		Postal Code	
Phone/TTY		E-mail	
MONTHLY GIVING INFORMATION			
Donation amount: \$ _____			
Process my donation on the <input type="checkbox"/> 1st or <input type="checkbox"/> 15th of each month			
PAYMENT INFORMATION			
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			
Credit Card No. _____ Expiry ____/____			
Name on Card: _____			
Signature _____			
-OR-			
<input type="checkbox"/> I have included a VOID cheque			

Thank you for making a gift to the Canadian Hearing Services. Your donation provides crucial support for people who are Deaf and hard of hearing.

