

Thank you for becoming a Friends of the Society monthly donor!

DONOR INFORMATION			
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Province		Postal Code	
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Donation amount: \$ _____ Process 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 Society. Your donation helps us provide vital programs and services for people who are Deaf and hard of hearing.