



Monthly Giving

Please mail your completed donation form to The War Amps Key Tag Service.

Donor Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Key Tag Number (optional): _____

Donation

I would like to make a monthly gift to The War Amps in the amount of: _____

Your monthly donation will be automatically withdrawn from your bank account or credit card **on the first day of each month.**

To be deducted from my **credit card**, commencing ___/___ (MM/YYYY)

Credit Card: 





Card No.: _____ Expiry Date: ___/___ (MM/YYYY)

To be automatically withdrawn from my **bank account**, commencing ___/___ (MM/YYYY)

Please include a void cheque or complete the following information:

Bank: _____ Transit No.: _____

Account No.: _____

If you wish, you may submit 12 post-dated **cheques**, payable to The War Amps.

Your receipt will be mailed to you by February of next year.

We thank you for your support and welcome **any** donation.