

Monthly Donation Pre-Authorized Agreement

Donor Information (Please Print Clearly)								
Name:		<u> </u>						
Address:								
City		Province:			Posta	al Code:		
Telephone Number:								
Email Address:								
Pre-Authorized Details								
I authorize United for Literacy to debit the bank account or charge to credit card identified below for \$ on the 10 th of every month. I understand I can change, pause, or cancel my monthly donation at any time. Donation Method: American Express Mastercard Visa EFT								
Credit Card Information								
Credit Car	d Number:							
Expiry Dat	te:							
•								
Bank Account Information for EFT								
Financial Institution Name :								
Financial I	nstitution Numbe	r (3 digits) :		Branch Transit I	anch Transit Number (5 digits):			
Bank Acco	ount Number :							
Name:(Please Print) Signature: Date:								
PLEASE SEND COMPLETED FORM TO:								

United for Literacy

Attention: Meredith Roberts, Director, Communications and Annual Giving

35 Jackes Avenue, Toronto, ON M4T 1E2
E-mail: mroberts@unitedforliteracy.ca
Phone: 800-555-6523 ext 3324