



Monthly Donation Form

Personal Information

Name: _____
First Name Last Name

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email: _____ Phone: (_____) _____ - _____

Please send me updates about The Ehlers-Danlos Society by: Email Snail Mail No thank you

Donation Information

Monthly gift amount: \$15 \$30 \$50 \$100 Other: \$ _____

Process my donation on the: 1st 15th of each month

This donation is made by: an individual a business

I prefer to give by: Credit card (please fill out the **credit card** section below)
 Pre-authorized debit (please fill out the **pre-authorized debit (PAD)** section below)

Credit Card

Card type: Visa MasterCard American Express

Card #: _____ Expiry (mm/yy) : _____ / _____

Name on card: _____

Signature: _____ Date : _____

I understand that my donations will continue automatically each month until I notify The Ehlers-Danlos Society of any change. I can change or cancel my monthly donation at any time.

Pre-Authorized Debit (PAD)

Please attach a void cheque.

Signature: _____ Date : _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution.

The Ehlers-Danlos Society respects the privacy of its donors; we do not sell, rent or trade our donor lists.

If you would like to change the way we communicate with you, please email us at giving@ehlers-danlos.com or call 1-410-670-7577

A tax receipt will be issued for all donations.