



Monthly Credit Card Form

Donor Information

Name: _____

Address: _____

Phone Number: (_____) _____

Email Address: _____

Credit Card Information

Type of Card: VISA MASTERCARD AMEX

Card Number: _____

Name on card: _____

Expiry Date: ____/____

Donation Information

Debit Date: 1st of month

15th of month

Monthly Amount: \$ _____

Allocation: Where it is most needed

Comfort Home (hospice)

Children's Centre

Community Outreach

Administration

I hereby authorize Emmanuel's Wish Foundation to automatically charge my monthly gift to the credit card specified above.

Authorized signature



Date

Please send completed form to EWF at
65 Cedar Pointe Drive, Suite 474, Barrie, ON. L4N 9R3