

Authorization for Credit Card Donation

(Please note: credit card donations may take 1 to 3 weeks for processing)

Full Name:

Street Address:

City: Province: Postal Code

Email:

Telephone: () Fax: ()

Visa #: _____ Expiry Date: ____/____

MC #: _____ Expiry Date: ____/____

Name as it appears on Card: _____

Amount to be charged: \$ _____

Frequency: Once

Monthly, on the 1st or 15th of each month

I authorize the Parkinson Society Maritime Region to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____

If this donation is in honour of someone, **In Honour of**: _____

Address of Honouree: (for a tribute letter to be sent): _____

If this donation is in memory of someone: **In Memory of**: _____

Address of Family: (for a memorial letter to be sent): _____

**Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please check here if you would prefer that we not release this information to them:*

Society Use ONLY:

Received (date): _____

Bank Deposit (date): _____

Acknowledgement (date) _____

Receipt (date): _____

Receipt (#): _____