



<input type="checkbox"/> <b>Yes, I would like to support the Partners for Hope Monthly Giving Program</b>		
This donation is made on behalf of: <input type="checkbox"/> Individual <input type="checkbox"/> Company		
<b>Name of Donor:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. & Mrs.		
<b>Tax Receipt Issued to:</b>		
<b>Mailing Address:</b>		
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail:</b>
<b>Choose one of the 3 options to make your donation:</b>		
<input type="checkbox"/> <b>1. Cheque</b> Send post-dated cheques. Please make cheques payable to ALS Society of BC.		
<input type="checkbox"/> <b>2. Credit Card</b> : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		Name on the Credit Card:
Credit Card Number:	Expiration Date:	Security Code # (3-digit for Visa & MasterCard at the back of the card & 4 digit in-front of the card of Amex)
<input type="checkbox"/> <b>3. Debit my Bank Account</b> Please attach void cheque		
Preferred charge date: ___ 1 <sup>st</sup> of the Month ___ 15 <sup>th</sup> of the Month _____ Other preference		
Note: The Bank/Credit Card account will be charged on the next business day if the schedule date falls on a weekend or holiday		
<ul style="list-style-type: none"> <li>• I, as the bank/credit card holder of the account, authorize the ALS Society of BC to debit my donation from my bank account or credit card every month in the amount of (please check or indicate your preference):            ___ \$125.00 ___ \$100.00 ___ \$75.00 ___ \$50.00 ___ \$35.00 ___ \$25.00 ___ \$15.00 ___ Other Amount</li> <li>• I understand that I can cancel my direct donation at any time, simply through phone call or a written notice to ALS Society of BC.</li> <li>• A tax receipt for my monthly donation will be issued to me every December of each year.</li> </ul>		
<b>Signature of Account Holder</b> _____ <b>Date:</b> _____		
<b>Return form by mail:</b> ALS Society of BC 1233 – 13351 Commerce Parkway Richmond, BC V6V 2X7		
<b>By Fax:</b> 604.278.4257	<b>E-mail:</b> <a href="mailto:info@alsbc.ca">info@alsbc.ca</a>	<b>Telephone Inquiry:</b> 1.800.708.3228 ext. 225
<b>Did you know:</b> There is a tax credit of 20% on your initial \$200 donation. This means your \$200 donation cost you only \$160. After the initial 200 donation the tax credit is 43.7%. This means that every donation (after the initial \$200) will cost you only \$56.30		