



Donation Form – ‘Monthly Giving’

Thank you for helping us lead strength to the children we serve!

I authorize the Zebra Centre to withdraw my donation on the 1st day of each month from my credit card or bank account as indicated below. I am aware that I can change or cancel my authorization at any time by contacting the Zebra Centre.

Donor Tax Receipt Information:

Mrs Mr. Ms. Other: _____
Name _____
Address _____
City _____ Prov. _____ Postal Code _____
Phone Home () _____ Work () _____
e-mail _____
I would like my gift to be in the amount of: \$ _____

Please withdraw from my:

- Bank Account (void cheque attached)
 I prefer to charge my gift to my: VISA MasterCard

Name on Card _____
Card No. _____
Expiry _____ / _____ Signature _____

I would like to direct my gift to:

- Child-Focused Programs
 Where Needed Most
 Multi-Disciplinary Team Training
 Other _____

Please mail or fax this form to:

The Zebra Child Protection Centre
Attention: Executive Director
12th Floor, 10909 Jasper Avenue Edmonton, Alberta T5J 3L9
Fax Number (780) 421-2234