



#201, 3740B – 11A St NE, Calgary AB T2E 6M6

Tel: 403.228.6168 or 403.245.9282

Donation Agreement Form

Authorization Agreement

(Read carefully, and check the appropriate box)

I hereby authorize **Variety, the Children's Charity** to make withdrawals from this account:

on a monthly basis of \$ _____

This agreement will remain in effect until **Variety, the Children's Charity** receives a written notice of cancellation from me or my financial institution.

This is a one - time donation of \$ _____

*In a one - time donation agreement **Variety, the Children's Charity** will only process this request one time!*

Account Information

Name of Financial Institution: _____

Credit Card:

Visa/ Mastercard _____ **Expiry date:** _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature: _____ **Date:** _____

Please attach void cheque if applicable with form and mail to us at:

**3740B – 11A Street NE, Unit #201
Calgary, AB T2E 6M6**

Or fax in your form at: **Fax# 403.245.9282**