



Monthly Giving

Please fax your completed donation form to The War Amps Key Tag Service.

Donor Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Key Tag Number (optional): _____

Donation

I would like to make a monthly gift to The War Amps in the amount of: _____

Your monthly donation will be automatically withdrawn from your bank account or credit card **on the first day of each month.**

To be deducted from my **credit card**, commencing ___ / ___ (MM/YYYY)

Credit Card:   

Card No.: _____ Expiry Date: ___ / ___ (MM/YYYY)

To be automatically withdrawn from my **bank account**, commencing ___ / ___ (MM/YYYY)

Bank: _____ Transit No.: _____

Account No.: _____

Your receipt will be mailed to you by February of next year.

We thank you for your support and welcome **any** donation.