







MAKE A DONATION TO COMPASSION

I want to make a donation in the amount of:		l wai	I want to make a donation to:	
\$25		☐ St	urviva (Philippines Mom's/Babies Program)	
\$50		□ W	ater, Sanitation and Hygiene	
\$100		☐ Ec	ducation	
Other amount: \$	(one-time only)	□ Не	ealth	
☐ Recurring donation of: \$_	(monthly)	_ W	here Most Needed	
		_ O	ther:	
Contact information:				
Name:				
Address:				
City:	_ Province:	Posta	al code:	
Phone:		_ Email:		
Payment options:				
Add to my existing pre-au	uthorized debit/credit w	ithdrawal (Existing suppo	rters only)	
Supporter number:				
Cash or cheque (Attached-	please make cheque payable t	o Compassion Canada)		
Payment completed via F	POS terminal - Contact info	rmation submitted for charit	able tax receipt purposes	
Credit card:	AMEX			
Card number Expiry date				
Name as it appears on credit	: card:			
I authorize Compassion Cana	ada to debit my credit card	in the amount stated ab	ove.	
For recurring donations: I at each month and to store my 5 business days. Compassion	credit card credentials to d	do so. If the charge is not	ard for the donation on the 25th of successful, we will retry within of use.	
Please send me information	about leaving a gift to Com	npassion Canada in my w	ill.	
Ci ana ta ma		Dato:		

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