



CROSSROADS
COUNSELLING
EVERYONE MATTERS

☞ Credit Card Donation ☞

Donation Details	
<input type="checkbox"/> One-Time \$ _____	<input type="checkbox"/> Monthly \$ _____ Date: <input type="checkbox"/> 15th <input type="checkbox"/> 30th

Personal Information			
First Name:	_____	Last Name:	_____
Street Address:	_____		City: _____
Province:	_____	Postal Code:	_____
Main Phone:	_____	Email:	_____

Card Type	Card Details
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Cardholder Name : _____
	Card Number: _____
	Expiration Date (mm/yy): ____ / ____
	CVV Code (3 digits on back of card): _____

Authorization
I authorize Crossroads Counselling Centre Society to charge my credit card with the above noted donation amount. I understand that if this authorization is for a monthly donation, my information will be saved on file for future donations and will remain in effect until I cancel this authorization.
Cardholder Signature: _____ Date: _____

Thank you for your contribution to our subsidy fund and for helping us to make a difference in the lives of others. Your generosity is truly appreciated!

An official receipt for income tax purposes will be mailed to you at the beginning of the year following your donation.