

Estonian Foundation of Canada Donation Form



956 Broadview Avenue
Toronto ON M4K 2R4
416-465-5600
info@estonianfoundation.ca
Charitable No. 89145 2575 RR0001

YES, I support Estonian Foundation of Canada programs!

I'd like to make a single gift of:

\$500 \$250 \$100 \$50 \$40 Other \$ _____

Enclosed is my cheque payable to the Estonian Foundation of Canada.

Please charge my: Visa Amex MasterCard

Your name: _____

City/Province: _____

Address: _____

Postal Code: _____

Tel. _____

E-mail: _____

Name on card: _____

Card No: _____

Signature: _____

Exp. date: _____ / _____

Message for EFC (e.g. This donation is in honour of/in memory of, etc.)

I would prefer to remain anonymous

Sign up for our monthly giving program!

I'd like to make a monthly gift of:

\$10 \$15 \$20 \$25 \$30 \$50 Other \$ _____

Enclosed is a blank cheque marked "VOID". By signing below, I authorize the Estonian Foundation to deduct the amount specified from the account number on the cheque on the 1st business day of each month.

Signature: _____

Today's date: _____

I authorize the Estonian Foundation to charge the amount specified on the 1st business day of each month.

Please charge my: Visa Amex MasterCard

Your name: _____

City/Province: _____

Address: _____

Postal Code: _____

Tel. _____

E-mail: _____

Name on card: _____

Card No: _____

Signature: _____

Exp. date: _____ / _____

You may change or cancel your monthly gift at any time by contacting the Foundation at info@estonianfoundation.ca or 416-465-5600. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. TAX RECEIPTS WILL BE ISSUED IN FEBRUARY FOLLOWING YOUR DONATION.