

Mrs. Mr. Personal Company

First name Last name
Compagny/organization name (if the donation is made on behalf of a compagnie)

Apt. Address
City Prov. Postal code Birthday
Phone Home Work Mobile
Langue de correspondance
 French English
Email

Yes, I would like to become a member of Équiterre!

I opt for monthly withdrawals* and I authorize Équiterre to withdraw the following amount from my bank account or charge it to my credit card on the 15th day of every month (give or take a day)

15 \$ 20 \$ 30 \$ Other amount : \$ (min. 8\$)

I opt for annual withdrawals* and I authorize Équiterre to withdraw the following amount from my bank account or charge it to my credit card on the :

50 \$ 75 \$ 100 \$ Other amount : \$ (min. 10\$)

1st of the month 15th of the month

*I understand that I can change my contribution or cancel this agreement at any time, simply by contacting Équiterre at least 15 days before the date of the next scheduled withdrawal.

I prefer to make a one time donation of: 50 \$ 75 \$ 100 \$ Other amount : \$ (min. 10\$)

Mode de paiement

- Visa Mastercard Cheque payable to Équiterre (for a monthly or annual bank withdrawals, please include VOID cheque.)
- Credit card number Expiration date (MM/YY)

Date

Signature required

- Yes! I agree to receive newsletters and information from Équiterre as well as invitations to participate in its activities. I understand that I can unsubscribe at any time.

Thank you for your support!

Charitable Registration Number : 894057132RR0001
A tax receipt will be sent for any donation of \$25 or more.