

MONTHLY GIVING PROGRAM SUBSCRIPTION FORM

1- Donor information

Mrs. Ms. Mr.

First name: _____ Family name: _____

Address: _____ Apartment: _____

City: _____ Province: _____ Postal code: _____

Telephone (daytime): _____ Telephone (evening): _____

Email: _____

- I would like to receive the *À la une!* monthly newsletter (in French only).
 We sometimes mention the names of our monthly donors in our publications by way of acknowledgment and recognition. Please check the box if you prefer to remain anonymous.

2- Amount of monthly giving

\$50 per month

\$15 per month

\$20 per month

\$10 per month

I prefer to give: _____ \$ (minimum of \$5 per month)

I want to earmark my monthly donations:

to *The Gift of Reading*[®], which helps children

to the *Info-Alpha* referral line, which helps adults

3- Method of payment

Direct debit (bank account)

Attach a specimen cheque marked "VOID"

Bank name: _____

Institution No.: _____

Branch transit No.: _____

Account No.: _____

Signature*: _____

** I hereby authorize the Literacy Foundation to debit my bank account automatically on the first working day of each month, in the amount of my monthly commitment.*

Credit card

Visa MasterCard

Cardholder's name: _____

Card No.: _____

Expiration date: _____

Signature* : _____

** I hereby authorize the Literacy Foundation to debit my credit card in the amount of my contribution.*

** I acknowledge that I can at any time increase, decrease, suspend or cancel my monthly donation by telephoning the Foundation at 514-289-1178, ext. 235.*

You will receive a single tax receipt for the total of your monthly donations in February each year.

Mail this duly completed form, with your specimen cheque, where applicable, to:

Literacy Foundation, Monthly Giving Program

5420 Saint-Laurent Blvd, Suite 200

Montreal, Quebec H2T 1S1