

SB&H Monthly Giving Club

I will support SB&H through monthly donations of:

Your gift will provide a constant source of funds to improve the quality of life of all individuals with spina bifida and/or hydrocephalus.

Once you start your monthly gifts, withdrawals will be automatically deducted from your bank account or credit card on the 15th of each month. You may change or cancel your monthly gift at any time by notifying the Association.

I authorize SB&H to withdraw my monthly gift from my CHEQUING ACCOUNT, for the amount indicated above. I have enclosed a cheque marked "VOID".

Signature (to authorize monthly donation)

\$10 \$15 \$20 \$25 \$30 Other \$ _____
(\$5 min.)

I authorize SB&H to debit my CREDIT CARD for the amount indicated above, on a monthly basis.

Visa Mastercard American Express

Name on Card

Card Number

Expiry Date

Signature (for credit card authorization)

Thank you for your on-going support and generosity!
A single tax receipt will be sent to you at the end of the year.

I am interested in providing for SB&H in my will. Please contact me.