Canadian Hemophilia Society
Help Stop the Bleeding

Monthly Giving Program

Your gift provides support each and every month

More and more of our supporters are finding monthly giving to be a convenient, easy way to lend their support on a regular basis. Your ongoing contributions will help provide a steady stream of income for breakthrough research and the valuable programs and services that individuals and families with bleeding disorders count on. To join the monthly giving program, please complete the following.

Please execute my transaction on the ❑ 1st of each month or ❑ 15th of each month.

❑ I want to make a monthly donation of $ _____

❑ I have enclosed a blank cheque marked VOID and I authorize the Canadian Hemophilia Society to debit my account.

❑ Cheque ❑ Visa ❑ MasterCard

Card number Expiry date

PLEASE NOTE: You may cancel or change the amount of your monthly donation at any time simply by notifying us.

Name: _____

Address: _____

Telephone: _____

Make cheque payable to the **Canadian Hemophilia Society** and return to **301-666 Sherbrooke Street West, Montreal, Quebec H3A 1E7** or donate online at **www.hemophilia.ca**.

A receipt will be automatically issued. Charitable registration number: 11883 3094 RR0001

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