

Monthly Giving Invitation

Your financial contribution to The Royal Astronomical Society is a meaningful demonstration of your commitment and support for the vital astronomy programs and services RASC provides across the country. Please use this form to enrol in a monthly donation that will be automatically withdrawn from your bank account or charged to your credit card. There's no fee, you may cancel at any time and an annual tax receipt will be issued.

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Email: _____

A monthly credit card charge will be made to: _____ Visa _____ Mastercard

Card Number _____

Name on the card _____ Expiry date _____ CSV _____

Alternatively, please attach your void cheque to donate directly from your bank account.

ACCOUNT HOLDER NAME _____ 001
STREET ADDRESS _____
CITY, PROVINCE POSTAL CODE _____ DATE _____

PAY TO THE ORDER OF _____ \$ _____
VOID
100 DOLLARS

BANK NAME _____
BANK STREET ADDRESS _____
BANK CITY, PROVINCE POSTAL CODE _____

⑈ 00 1 ⑈ ⑆ 0550 ⑈ 004 ⑆ 1 2 7 8 6 4 1 8 2 1 7 8 ⑈

Branch / Transit Number Bank Number Account Number

Payment can be made on the 1st or 15th of the month. Please indicate your preferred date. If the 1st or 15th falls on a weekend or holiday, the withdrawal will be made the next business day. I/we authorize "The Royal Astronomical Society of Canada" to debit my/our bank account on the ___ of the month in the amount of \$ _____ or charge me credit card for the amount stated.

This donation is made on behalf of an : _____ Individual, _____ Business This authorization will remain in effect until The Royal Astronomical Society of Canada receives an email or written notice to change or terminate the arrangement. Notice of a change 7 days before the date of withdrawal or credit card charge is appreciated. In an emergency, payment can be recalled or stopped with 24 hour notice. To obtain a sample cancellation form or more information on the right to cancel, contact your financial institution or visit www.cdnpay.ca. You have recourse if a payment does not comply with this agreement and the right to receive reimbursement for any charge that is not authorized or consistent with this agreement.

Date: _____ Signature: _____

Please mail the completed form to RASC at 203-489 College Street, Toronto ON M6G 1A5 or scan and email to Lisa Di Veto at ldiveto@rasc.ca

Thank you for your support!