



Yes, I/We, (please print) _____
 wish to contribute \$ _____ monthly to the **Build a Better World Campaign**.

Donor Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code:

Phone (h): - - Phone (w): - -

Email: _____

Pre-authorized payment details:

- I authorize CDF to withdraw/charge my monthly donation from my bank account/credit card, on the 1st of each month.
- Please debit my account each month in the amount of: \$ _____.

A) Payment by Credit Card:

Visa/MasterCard/American Express number:

Card Number: Expiry Date: /

B) Bank Account (Note: Please enclose a blank cheque/copy marked 'VOID'.)

I/We allow CDF to use our name(s) to show support for the campaign.

- Yes No

For the purpose of recognition, I/we would like our name(s) to appear as follows:

I/We reserve the right to re-negotiate the conditions of this pledge should our circumstances change. In the event that this occurs, I/we will inform Co-operative Development Foundation in writing.

Signature: _____ Date: (m/d/y) / /