

Personal Information:

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Option 1: Monthly Donation

- Yes, I want to join the A Team. I will support the mission of **AAIA** by making a financial contribution every month.
I authorize **Allergy/Asthma Information Association** to withdraw the following amount from my bank account or my credit card on the **15th** day of every month. I may change the amount or cancel my monthly contribution at any time by notifying **Allergy/Asthma Information Association**.

Once a month I will give:

- \$15 \$25 \$30 Other: \$ _____ per month

- I have enclosed a cheque, with VOID written across it, for Allergy/Asthma Information Association to arrange an automatic withdrawal from my bank account.
- I prefer to make my monthly donation by credit card: VISA Mastercard

Credit Card Number

Expiry Date

Signature

A official tax receipt will be mailed to you for the total cumulative amount of your donation early in the new year.

Option 2: One-time donation

I prefer to make a one-time donation of:

- \$25 \$50 \$75 Other: \$ _____

- I wish to make my gift by cheque or money order (payable to **Allergy/Asthma Information Association**.)
- I prefer to use my credit card: VISA Mastercard

Credit Card Number

Expiry Date



You may send your contribution form by fax:
Or you can mail it to:

(905) 850-2070
1-111 Zenway Boulevard
Vaughan, ON L4H 3H9

In you have any questions, call us at 1-800-611-7011 or email us at admin@aaia.ca.

We will issue a tax receipt for all donations of \$15 or more.

Our charitable BN is **13176-5174-RR0001**.

You may find our privacy policy on our website: www.aaia.ca/privacy.