

# Mail ~ In or Fax Monthly Giving Form

PLEASE PRINT THIS FORM

Mail your gift to: **Asthma Society of Canada**  
124 Merton Street, Suite 401  
Toronto, ON M4S 2Z2



OR

Fax your gift to: **416-787-5807**

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*Yes! I want to empower every child and adult in Canada with  
asthma to live an active and symptom-free life!*

Title:  Mr. & Mrs.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

- I have asthma, associated allergies and/or COPD  
 Someone in my immediate family has asthma, associated allergies and/or COPD  
 I would like to learn more about:  Asthma  Associated Allergies  COPD

I am donating a monthly gift of:  \$15  \$20  Other \$ \_\_\_\_\_

Starting on \_\_\_\_\_  
MONTH YEAR

- My VOID cheque is enclosed. I authorize the Asthma Society of Canada to deduct the amount I have specified, on the first day of each month.

OR

- I authorize the Asthma Society of Canada to charge the above amount to my credit card, on the first day of each month  
 VISA  MasterCard OR  American Express

Card Holder Name: \_\_\_\_\_

Card Number:

Expiry Date:   -

Signature: \_\_\_\_\_

*Thank You.*