



Help turn the tide of HIV/AIDS in Africa by becoming a  
**Monthly Donor**

**"You give us certainty, you give them certainty. You are funding hope."**  
*Ilana Landsberg-Lewis, Executive Director, Stephen Lewis Foundation*

**Monthly Gift by Credit Card**

Please accept my monthly gift of \$ \_\_\_\_\_ on the  1<sup>st</sup> or the  15<sup>th</sup> of each month.

I would prefer to give by my:  VISA  MASTERCARD  AMERICAN EXPRESS

Card # : \_\_\_\_\_ Expiry (mm/yy) : \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that my donations will continue automatically each month until I notify the Stephen Lewis Foundation of any change. I can change or cancel my monthly donation at any time.

**Monthly Gift by Pre-Authorized Debit (PAD) Transactions**

Please debit my bank account monthly in the amount of \$ \_\_\_\_\_ on the  1<sup>st</sup> or the  15<sup>th</sup> of each month. (Please attach a VOID cheque.)

Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

This donation is made on behalf of:  an individual  a business

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

The Stephen Lewis Foundation respects the privacy of its donors; we do not sell, rent or trade our donor lists.

If you would like to change the way we communicate with you, please email us at [info@stephenlewisfoundation.org](mailto:info@stephenlewisfoundation.org) or call 1-888-203-9990, ext. 0.

A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued in February for the total year's donation. Charitable Registration No. 89635 4008 RR0001.