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## **MONTHLY DONOR PLAN**

This program gives donors the opportunity to donate a specified amount on a monthly basis to the MS Society. Please note tax receipts will be issued once a year for the full amount of your donation.

Thank you for your support!

**DATE:** \_\_\_\_\_

**MONTHLY AMOUNT:** \_\_\_\_\_

**CREDIT CARD #:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Please specify if donation is for a specific Chapter or Alberta Division:** \_\_\_\_\_

The Multiple Sclerosis Society of Canada collects the personal information requested on this form to communicate about the MS Society and its fundraising activities. By completing this form you consent to the collection, use and disclosure by the MS Society of your personal information in accordance with the MS Society privacy policy. If you have any questions about your personal information, please contact our privacy officer at 1-800-268-7582. A copy of our privacy policy may be obtained at any MS Society office or at [www.mssociety.ca](http://www.mssociety.ca).