

MONTHLY DONATION FORM



Please fill out this form, print and sign the credit card authorization box.

DONOR INFORMATION

Salutation: First Name: Initial: Last Name:

Street Address:

City:

Province:

Postal Code:

Phone Number:

email:

PLEASE USE MY DONATION FOR

Where it is most needed	Collections & Materials	Gayle Harris Memorial Fund
READ-Ability Services	Endowment Fund	Read to Baby Program
Programs & Services	Revitalizing Library Spaces	

I WOULD LIKE TO BECOME A MONTHLY DONOR

Credit card information:

Name as it appears on credit card:

Credit card #

Expiry date:

Billing address: same as above or other:

Signature of card holder

I authorize Surrey Libraries to charge my credit card for a monthly donation of \$ _____ on the 17th of each month. I understand I can cancel this agreement at any time by contacting the library.

Please send me information about making a gift in my Will.

Monthly donors receive one charitable tax receipt early in the new year in time for filing taxes.

Thank you for your donation to Surrey Libraries!

Drop off your completed form at any Surrey Libraries branch or mail to:

Surrey Libraries Administration
10350 University Drive, Surrey BC V3T 4B8

For donation inquiries please contact:

Kim Davies, Fund Development Officer
kim.davies@surrey.ca or 604-598-7423