

CAMTA'S MONTHLY GIVING PROGRAM



Benefits of Monthly Giving

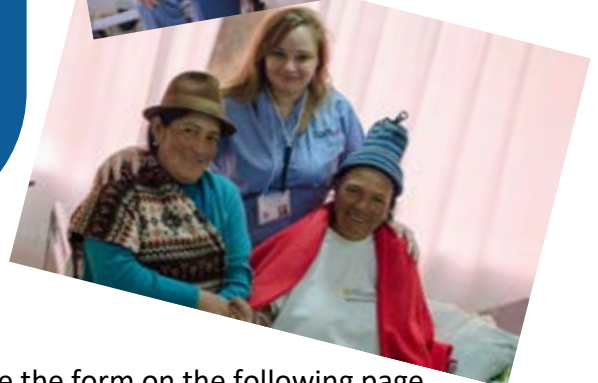
As a monthly donor, you are agreeing to support CAMTA's delivery of much needed medical and surgical services to children and adults in developing countries. You are making a commitment to support a project that provides compassionate, life changing care to these people and contributes to an improved quality of life for those less fortunate.

Your monthly support will ensure a steady and predictable source of income to provide the means for CAMTA to plan and grow our charity in a fiscally responsible manner.

CAMTA's Monthly Giving Program allows you to divide an annual donation into twelve easy, affordable payments. Your generous gift will help us to plan and invest in long-term projects that will impact more people in more places.

How it Works

- ◆ You choose the amount of your monthly gift and may increase, decrease or suspend your gift at any time.
- ◆ You choose your form of payment ie. credit card or pre-authorized debit from your bank account.
- ◆ You will receive one consolidated tax receipt for your monthly donations at the end of the calendar year.
- ◆ You will receive periodic updates in the form of e-newsletters with compelling patient stories, inspiring volunteer experiences, mission news and more.



How to Get Started

Sign up online at www.camta.com/donate or complete the form on the following page and return to our office by mail or email.

MONTHLY GIVING DONATION FORM

YES! I want to support the Canadian Association of Medical Teams Abroad (CAMTA) through a monthly giving program.

Tax deductible monthly contribution of: \$25 \$50 \$75 \$100 My choice \$ _____
(please specify amount)

This donation is made on behalf of: An Individual A Business

Payment Type (please select one)

Credit Card (VISA, Mastercard)

Cardholder name: _____

Card no: _____

Expiry: _____ / _____ CVV: _____

Pre-authorized Debit

Please include a VOID cheque along with this completed form.

I hereby authorize CAMTA to debit my credit card *OR* bank account (as specified above) on the 5th day of each month or the next business day beginning ____/____.
Month Year

**I may revoke my authorization at any time by contacting CAMTA, subject to providing notice of 30 days prior to the next scheduled debit. I also have certain recourse rights if any debit does not comply with this agreement. To obtain more information on my right to cancel or my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.*

Signature: _____ Date: _____

Donor Information

Name:

Phone:

Address:

Email:

City:

Province/ Postal Code:

Please note: Tax receipts will be sent to donors via email.

YES! I want to receive news and updates from CAMTA via email (you may unsubscribe at anytime)

THANK YOU for supporting CAMTA!

Canadian Association of Medical Teams Abroad | 103 Laurier Drive, Edmonton, AB, Canada T5R 5P6 | Charitable Registration: 87584 3518 RR0001

Phone: 780.486.7161 | Email: donate@camta.com | Website: www.camta.com