

## Personal Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Option #1: Monthly Donation

- Yes, I want to join the A Team. I will support the mission of **AAIA** by making a financial contribution every month.  
I authorize **Allergy/Asthma Information Association** to withdraw the following amount from my bank account or my credit card on the **15th** day of every month. I may change the amount or cancel my monthly contribution at any time by notifying **Allergy/Asthma Information Association**.

Once a month I will give:

- \$15       \$25       \$30       Other: \$ \_\_\_\_\_ per month

- I have enclosed a cheque, with VOID written across it, for Allergy/Asthma Information Association to arrange an automatic withdrawal from my bank account.
- I prefer to make my monthly donation by credit card:       VISA       Mastercard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Signature

An official tax receipt will be mailed to you for the total cumulative amount of your donation early in the new year.

### Option #2: One-Time Donation

I prefer to make a one-time donation of:

- \$25       \$50       \$75       Other: \$ \_\_\_\_\_

- I wish to make my gift by cheque or money order (payable to **Allergy/Asthma Information Association**.)
- I prefer to use my credit card:       VISA       Mastercard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date



You may send your contribution form by fax:

(416) 621-5034  
17 Four Seasons Place, Suite 200  
Toronto, Ontario M9B 6E6

In you have any questions, call us at 1-800-611-7011 or email us at [admin@aaia.ca](mailto:admin@aaia.ca).

We will issue a tax receipt for all donations of \$15 or more.

Our charitable BN is **13176-5174-RR0001**.

You may find our privacy policy on our website: [www.aaia.ca/en/privacy.htm](http://www.aaia.ca/en/privacy.htm)