



MONTHLY DONATION CREDIT CARD AUTHORIZATION

Date: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

I hereby authorize NASHI to process a monthly transaction to my credit card in the amount of:

\$ _____

The monthly transaction is to occur on the following date each month (please select one):

1st of each Month: _____ 15th of each Month: _____

(Date of 1st transaction: _____)

This agreement is valid for the period of one year from the date of authorization or for a maximum of 12 transactions, whichever is greater. A new signed authorization form will be required before any further transactions may be processed. Tax receipts will be issued in January of each year for the total amount processed in the previous calendar year.

Signature: _____

CREDIT CARD INFORMATION



Cardholder Name (please print): _____

Card Number: _____

Expiry Date: ____/____

Completed Forms should be emailed to info@nashi.ca or mailed to:

NASHI
535 8th Street East
Saskatoon, SK S7H 0P9

Charitable Registration
853912194RR0001

FOR OFFICE USE ONLY:

Order Taken By: _____

Date Authorization Received: _____

Transactions Processed:

Transaction Date: _____ Auth #: _____

Transaction Date: _____ Auth #: _____

Transaction Date: _____ Auth #: _____

Transaction Date: _____ Auth #: _____

Transaction Date: _____ Auth #: _____

Transaction Date: _____ Auth #: _____

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