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**MONTHLY DONATION VIA PRE-AUTHORIZED CREDIT CARD or DEBIT PAYMENT
PRE-AUTHORIZED PAYMENT CANCELLATION AGREEMENT**

Please be advised that I wish to discontinue my monthly donations to the Cancer Assistance Program, via my credit card and/or direct debit of my bank account.

To:	The Cancer Assistance Program (CAP)
Attention:	Alana Travis, Donations Administrator
Date:	

1. Personal Information (please print clearly)

First Name: _____ Last Name: _____
 First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ E-mail: _____
 Would you like to (continue) receive(ing) CAP's twice yearly newsletters? YES NO

2. Cancellation Information – Credit Card

I (we), _____, cancel my (our) authorization to process monthly payments in the amount of \$ _____ on my (our) VISA/ Mastercard, with the number _____/_____/_____ and expiry date ____/____/____ effective ____/____/____ (MM/DD/YY).
 I (we) acknowledge that this cancellation does not terminate any other obligation that I (we) may have with the Cancer Assistance Program.

Signature: _____ Date: _____
 Signature: _____ Date: _____

3. Cancellation Information – Direct Debit

I (we), _____, cancel my (our) authorization to issue pre-authorized debits in the amount of \$ _____ against my (our) account number _____/_____/_____ effective ____/____/____ (MM/DD/YY).
 I (we) acknowledge that this cancellation does not terminate any other obligation that I (we) may have with the Cancer Assistance Program.

Signature: _____ Date: _____
 Signature: _____ Date: _____

To cancel your pre-authorized credit card and/or direct debit payments, please complete, sign and return this form to the Cancer Assistance Program. Please note that this cancellation form is to be received a minimum of 10 business days before the next payment is scheduled. When this form is complete, please mail to the attention of Alana Travis, Donations Administrator at 569 Concession Street, Hamilton, ON L8V 1B2 or scan and e-mail to atavis@cancerassist.ca or fax to 905.383.0202. An official tax receipt will be issued to you for your donations. Monthly donors will receive one receipt following the completion of the calendar year for the full amount of their annual donations or within three months following the cancellation of ongoing monthly donations, whichever comes first. **Charitable Registration #14026 2759 RR0001.**