



**Credit Card Donation Agreement Form**

Date: \_\_\_\_\_

**ONE-TIME DONATION**

I, \_\_\_\_\_, authorize nightlight to charge my credit card, below, for a one-time donation in the amount of \$ \_\_\_\_\_.

**MONTHLY DONATION**

I, \_\_\_\_\_, authorize nightlight to charge my credit card, below, for the agreed upon monthly donation. I understand that my information will be saved to file for future transactions on my account in the amount of \$ \_\_\_\_\_.

The charge will be processed to your account on the \_\_\_\_\_ day of each month or the next business day.

I would like my funds to go to (please circle one):

- nightlight Canada      nightlight Belleville      nightlight Cambridge      nightlight Kingston
- nightlight Sarnia      Wherever most needed

I know that I may revoke this authorization at any time with notification. Notice may be given by phone, mail, or e-mail.

Name: \_\_\_\_\_

Address (of where you'd like the receipt to be mailed): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (circle one: cellphone or landline)

This donation is made on behalf of: (please circle one) an Individual or a Business.

CREDIT CARD INFORMATION (please circle one) Mastercard    VISA    AMEX

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Please return,  
By mail to: nightlight Canada, P.O Box 35052 Kingston Centre, Kingston ON K7L 1H0  
By email to: finance@nightlightcanada.com