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**MONTHLY DONATION VIA CREDIT CARD
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.

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

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: _____

To cancel your pre-authorized credit card 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 atravis@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 in the month following the cancellation of ongoing monthly donations, whichever comes first. **Charitable Registration #14026 2759 RR0001.**