



# Circle *of* Friends

I authorize The Vancouver Friends For Life Society to charge my credit card every month on or about the 15<sup>th</sup> in the following amount: \$ \_\_\_\_\_

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

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

*I am aware that I will receive a Charitable Tax Receipt at the end of every calendar year.*

*I am aware that I may change or cancel my donation at anytime by contacting Friends For Life.*

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

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

Address: \_\_\_\_\_

City, Prov, PC \_\_\_\_\_

Phone: \_\_\_\_\_

Mail completed form to **Friends For Life** 1459 Barclay Street Vancouver BC V6G 1K7