



Alberta SPCA
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 albertaspca.org

Alberta SPCA ART Donation Form

Name _____

Address _____

City _____ Postal Code _____

Phone _____ Email _____

ART Monthly Donor Program: ___\$20 ___\$30 ___\$50 Other \$_____

I authorize the Alberta SPCA to deduct \$_____ from my bank account or credit card on the first day of each month or the next business day. I understand that I can change or cancel this monthly donation at any time, subject to providing written notice of 15 days or more. *To view a sample cancellation form or learn more about cancelling a PAD agreement, contact your financial institution or visit cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. For more information on your recourse rights, contact your financial institution or visit cdnpay.ca.*

Signature _____ Date _____

Payment Information:

Bank Account (I am enclosing a VOID cheque)

Credit Card  

Card # _____ Expiry Date ____ / ____

Cardholder Name _____