



THE ROYAL ASTRONOMICAL SOCIETY OF CANADA
LA SOCIÉTÉ ROYALE D'ASTRONOMIE DU CANADA

Yes! I'll Support RASC's Vital Programs & Projects!

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Email: _____

Donation by Cheque

My cheque, payable to the Royal Astronomical Society of Canada, is enclosed for:

\$50 \$100 \$150 \$250 Other _____

My gift is for the: Robotic Telescope Project Where the need is greatest

RASC Legacy Fund Ruth Northcott Education Fund

Donation by Credit Card

Please charge my credit card: \$50 \$100 \$150 \$250 Other _____

MasterCard Visa Number _____ / _____ Expiry Date

Monthly Donation with Pre-Authorized Giving

I'd like to make a monthly donation to RASC with an automatic withdrawal from my bank account. Please include the amount and withdrawal date on the back of form.

Donation of Securities or Shares

Please contact me about my interest in making a gift of securities or shares to the Society. I will receive a tax receipt for the full value of the gift and can avoid capital gains.

Thank you for your support!

203-4920 Dundas Street West, Toronto, Ontario M9A 1B7
416-924-7973; www.rasc.ca; nationaloffice@rasc.ca
Charitable Registration #119126282 RR0001

Pre-Authorized Giving Invitation

Your financial contribution to The Royal Astronomical Society is a meaningful demonstration of your commitment and support for the vital programs and services RASC provides members and centres across the country. Please use this form to enrol in a monthly donation to be automatically withdrawn from your bank account. There's no fee, you may cancel at any time and an annual tax receipt is issued.

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Email: _____

Please attach your void cheque here to donate directly from your bank account.

ACCOUNT HOLDER NAME
STREET ADDRESS
CITY, PROVINCE POSTAL CODE

DATE _____

PAY TO THE ORDER OF _____ \$ _____

VOID

BANK NAME
BANK STREET ADDRESS
BANK CITY, PROVINCE POSTAL CODE

⑆00⑆ ⑆05550⑆ ⑆004⑆ ⑆27864⑆ ⑆182178⑆

Branch / Transit Number Bank Number Account Number

001

100 DOLLARS

Payment can be made on the 1st or 15th of the month. Please indicate the date you prefer. If the 1st or 15th falls on a weekend or holiday, the withdrawal will be made the next business day.

I/we authorize "The Royal Astronomical Society of Canada" to debit my/our bank account each month on the _____ of the month in the amount of \$ _____

This donation is made on behalf of an : Individual Business

This authorization is to remain in effect until The Royal Astronomical Society of Canada has received written notice from me/us of its change or termination. Please note that we must receive notice of a change or termination ten days before the date of withdrawal for the effect to be implemented the following month. In an emergency the PAG can be recalled or stop payment with a 24 hour notice. To obtain a sample cancellation form or more information on my right to cancel a PAG, I may contact my financial institution or visit www.cdnpay.ca. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAG Agreement. To obtain more information on my/our recourse rights, contact your financial institution or visit www.cdnpay.ca.

Date: _____ Signature: _____