



Name	
Address	
City	
Province/State	Postal Code/Zip
Telephone	

**Direct debit authorization by *bank account***

I authorize the Mira Foundation to debit my bank account for the amount of _____ beginning on the _____ at the following frequency :	
<input type="checkbox"/> every friday (weekly)	<input type="checkbox"/> on the 15th and 30th of the month (twice a month)
<input type="checkbox"/> on the 30th of each month (monthly)	<input type="checkbox"/> once a year _____ (date)
Please enclose a blank cheque from your bank account with "VOID" written on it.	
Signature	Date

**Direct debit authorization by *credit card***

I authorize the Mira Foundation to debit my credit card for the amount of _____ beginning on the _____ at the following frequency :	
<input type="checkbox"/> every friday (weekly)	<input type="checkbox"/> on the 15th and 30th of each month (twice a month)
<input type="checkbox"/> on the 30th of each month (monthly)	<input type="checkbox"/> once a year _____ (date)
Card number	Expiration date (as written on the card)
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	
Signature	Date

At the end of each year, an official income tax receipt for the total amount given will be sent to you. If you are moving, would like to use a different account, change your monthly amount or cancel your direct debit authorization, you can contact the Mira Foundation at (450) 795-3725 ext. 228. At any time, you can cancel your direct debit authorization by sending a written notice to the Mira Foundation.

The Mira Foundation is incorporated as per la Loi sur les compagnies (a non-profit organisation), libro C-1091 folio 117.

Income tax registration number : 11892 4232 RR00001

Please return this form to [info@mira.ca](mailto:info@mira.ca) or by fax at (450) 795-3789 or by mail at Fondation MIRA, 1820 rang Nord-Ouest, Ste-Madeleine Qc J0H 1S0

*Thank you !*