



IMPACT
SOCIETY
 INSPIRED PEOPLE INSPIRE OTHERS

INSPIRED PARTNERS

Credit Card Payment or Automatic Bank Withdrawal

Partner Details:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Credit Card Payment

I would like to donate the following amount on a monthly basis: \$ _____

Card Type: _____ Card Number: _____ Expiry: _____

All payments will be withdrawn on the first of the month.

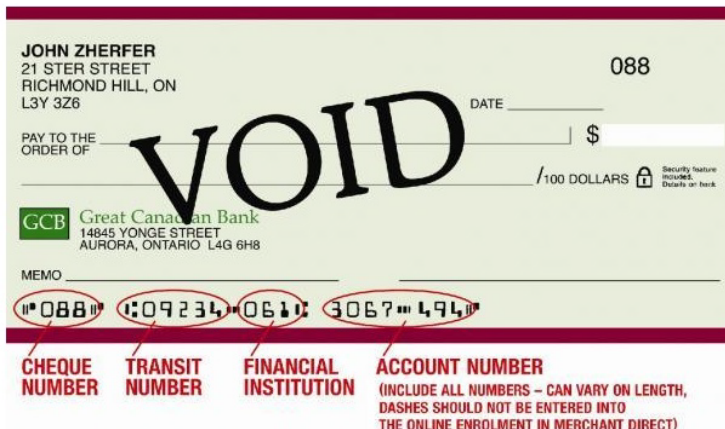
Automatic Bank Withdrawal

I would like to donate the following amount on a monthly basis: \$ _____

Financial Institution: _____ Transit Number: _____

Account Number: _____

All payments will be withdrawn on the first of the month.



Date: _____

Signature: _____

Email or Mail this form to:

Email: info@impactsociety.com

Mail: 5050A Skyline Way NE
 Calgary, Alberta, Canada T2E 6V1