



Canadian Coastal Research Society

Direct Deposit Donation Form

I would like to make a donation to the Canadian Coastal Research Society (CCRS).

DONOR AUTHORIZATION

Yes, I authorize CCRS to withdraw the following amount from my bank account on the specified day of each **month**/ **quarter**/ **year** (please check one) as indicated below. I may change the amount or cancel my reoccurring contribution at any time by notifying CCRSS.

Donation Amount: \$ _____ **Donations Start Date:** ___ / ___ / ___ (mm/dd/yy)

Signature: _____ (required)

DONOR INFORMATION

_____	_____	_____	
Name	Phone Number	Email (required for e-tax receipt)	
_____	_____	_____	_____
Street Address	City	Province	Postal Code

PAYMENT INFORMATION

I have attached a cheque marked VOID written across it so CCRS can arrange the withdrawal from my bank account.

Transit: _____ **Bank:** _____ **Account:** _____

Bank Information

_____	_____	_____	
Name of Bank	Branch	Telephone Number	
_____	_____	_____	_____
Street Address	City	Province	Postal Code

Other than a tax receipt I do not wish to receive further communications.
CCRS is committed to protecting your privacy. CCRS collects, uses and discloses the personal information on this form in accordance with Canadian privacy laws and the CCRS privacy policy, available at coastalresearch.ca/about-us/privacy-policy or by calling 1-250-973-6580.

DONOR REQUESTS

Please send completed forms via:

Fax 1-604-696-5045 **OR** **Mail** Canadian Coastal Research Society, PO Box 320, Sointula, BC V0N 3E0

CCRS is a registered charity, BN: 82128 1433 RR0001. CCRS will issue an official tax receipt for the total amount of your donations each year (for total donation amounts of \$25 or more).