



Authorization for Credit Card Donation

(Please note: credit card donations may take 1 to 3 weeks for processing)

Full Name:

Street Address:

City: Province: Postal Code

Email:

Telephone: () Fax: ()

Visa #: _____ Expiry Date: ____/____/____

MC #: _____ Expiry Date: ____/____/____

AMEX #: _____ Expiry Date: ____/____/____

Name as it appears on Card: _____

Amount to be charged: \$ _____

Frequency: Once
 Monthly, on the 1st or 15th of each month

I authorize the Stephen Lewis Foundation to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____

**This donation is to be credited to the CFUWSD Grannies
And applied exclusively to assist Grandmothers in Africa.**

If this donation is in memory of someone*:
In Memory of Name: _____
Address of Family: (for a memorial letter to be sent):

Office Use Only	
Office:	Rec'd _____ T/CSent _____
	Batch Date _____ (To Data)
Data:	Entered _____ TYSent _____
	To Acct _____
Acct:	Proc'd _____ Conf# _____

*Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please check here if you would prefer that we not release this information to them.

Directors
Stephen Lewis
Mary Coyle
Dr. James Orbinski
Patsy George
David Morley
Natasha LaRoche

African Advisory Board
Ms. Graça Machel, Chair
Dr. Agnes Binagwaho
Ms. Sisonke Msimang

Executive Director
Ilana Landsberg-Lewis