

# **Egyptian Canadian Coalition for Democracy** **Coalition Égyptienne Canadienne pour la Démocratie**

## ECCD Pledge Form

I authorize **Egyptian Canadian Coalition for Democracy** to withdraw starting the month of \_\_\_\_\_ the amount of:

\$10   
  \$20   
  \$50   
  \$100   
  Other \$ \_\_\_\_\_

No. of installments:   
 One   
 Ten   
 Twelve   
 Other \_\_\_\_\_

\_\_\_\_\_  
 First Name Last Name

\_\_\_\_\_  
 Address: Street City Province Postal Code

\_\_\_\_\_  
 Phone E-mail

### Method of Payment

#### Automatic Withdrawal / Cheque / Other Info.

**Automatic Withdrawal:** Please attach a **VOID Cheque**

**Cheques:** payable to **Egyptian Canadian Coalition for Democracy (ECCD)**

**Mailing Address:**

Trilex  
 Co/ ECCD  
 Unit 22, 174 Colonnade Road  
 Ottawa ON K2E 7J5  
 Canada

**Tel.:** (613) 265-6509 **Fax:** (613) 236-4400

**E-mail:** finance@eccd.ca

Withdrawals performed on the 15<sup>th</sup> of every month

#### Credit Card

Card type:   
 **VISA**   
 **Master Card**   
 **AMEX**

\_\_\_\_\_  
 Name (as it appears on card)

Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
Month/year

\_\_\_\_\_  
 Address (if different from above)

\_\_\_\_\_  
 Address (line 2)