



Thank-you!

DONATION FORM

Name: _____

Address: _____

City _____ Prov _____ Postal Code _____

Phone: _____ Email _____

Option 1: DONATE MONTHLY

I would like to make a **monthly** gift of \$10 \$25 \$50 Other _____

I would like my monthly gifts to be deducted from my

VISA MasterCard

Name on Card _____

Card No. _____

Exp. Date ___/___ Signature _____

Option 2: ONE-TIME DONATION

I would like to make a **one-time** donation of: \$25 \$50 \$100 \$250 Other _____

I am paying by:

Cheque VISA MasterCard

Name on Card _____

Card No. _____

Exp. Date ___/___ Signature _____

We respect your privacy and will not share, rent, trade or sell your personal information.

I would like my donation to be ANONYMOUS

I would like information on naming WISH in my WILL

I would like information about DONATING SECURITIES

**Charitable Registration No.
87047 5563 RR0001**