Donation Information

I wish to make a donation of: [ ]$50 [ ]$100 [ ]$500 [ ] other $_____

Contribution: [ ]Monthly [ ] Annually [ ] Onetime

Payment Method: [ ] Cash/Cheque Enclosed [ ] Pre-authorized Chequing *(please include void cheque)*

[]Charge my Credit card []MASTERCARD [] VISA []AMEX

Name on Card:_____

Card #:_____

Expiration Date:_____

Receipting Information

Title: Mr./ Mrs./ Miss/ Dr. /Other

_____ _____

Surname(s) First name(s)

_____

Street Address

_____

City Province & Postal Code

Telephone:_____(B) _____(R)

Email:_____(B) _____(R)