

AIDS Calgary Awareness Association Donation Form



AIDS CALGARY
awareness association

Thank you for your support

Donor Information

Name _____
Title First Name Last Name

Organization _____

Address: _____
Street address

City Province Postal Code

Email 1 _____ Email 2 _____

Telephone Business _____ Home _____

Cell _____ Other _____

I wish to opt out of receiving Email Telephone Regular Mail Unspecified

I wish to donate anonymously

Donation Information

In honour/memory of _____

Amount per Payment _____

Frequency of Payment Bi-monthly Monthly Quarterly Bi-yearly Annually

Single Payment Other, specify _____

Payment Start Date _____ End Date _____
Month/day/year Month/day/year

Special Instructions _____

Payment Type Cash Cheque Visa Mastercard AMEX

Card Number _____ Expiry Date _____

Name on Card _____

I approve the donation payments as specified above.

Signature _____ Date _____

Note: the tax receipt will be issued for total payments of \$25 or greater and sent to the person or organisation that makes payment.
