



DONATION FORM

Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

MY GIFT

Please accept my donation of (check one):

\$25 \$50 \$100 \$500 \$1,000 \$Other_____

MONTHLY GIVING

Yes! I would like to join the LDAA-CC's monthly giving program with a gift of:

\$5/month \$10/month \$20/month \$25/month \$100/month \$Other__/_/month

on my credit card (information provided below) using post-dated cheques (enclosed)

I authorize the LDAA-CC to charge my credit card with the amount I have indicated above each month, in accordance with the terms and conditions outlined below.

Signature: _____ Date: _____

This authorization shall remain in effect until I notify the LDAA-CC in writing indicating that I wish to end this agreement, and there has been reasonable time to act on it.

- Monthly payments will be during the second week of each month.
- You can stop the transactions at any time by writing to the LDAA-CC.

TRIBUTE/HONOUR GIFTS

This gift is in honour of/memory of: _____ Amount: \$ _____

Please send acknowledgement card to:

Name: _____ Sign card from: _____

Address: _____

City, Province, Postal Code: _____

Wording on card: _____

For office use only: Date tribute/honour card sent: _____
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PAYMENT METHOD

VISA Mastercard Cheque (enclosed)

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Thank you for your support!
 To send a donation via mail, please complete the form and mail to:
 LDAA-CC
 340, 105 12 Ave SE
 Calgary, AB T2G 1A1

To fax this form, please fax to: 403.270.4043
 Charitable Registration Number: BN137785788RR0001

**Please make all cheques payable to the "LDAA-CC"*