

Date:		Total amount:			
Name 1:					
Name 2:					
Mailing Address:					
City:		Prov:		Postal Code:	
Phone No.:			Email:		
Membership:	\$30 Single Annual	\$50 Family Annual	\$500 Lifetime		
General donation amount: _____		Donation designated to: _____			
Mastercard	Visa	Debit	Cash	Cheque	Cheque Number _____
Cards given in person	Yes	No	Sent in mail		

