



1231 8th Street East
Saskatoon, SK S7H 0S5
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DONATION FORM

Amount: _____ Receipt Required? Yes No

VISA CARD # _____ Expiry Date _____
(mo/yr)

MASTER CARD # _____ Expiry Date _____
(mo/yr)

CHEQUE _____ CASH _____

Donor Information

Salutation: _____ Full Name: _____

Address: _____ City: _____ PC: _____

Telephone #: _____

Reason for donation: Birthday Anniversary Other _____

Name of honouree: _____ City/town _____

Name & address to send card to: _____

City: _____ PC _____

From: _____

Office Use Only:

Donor #: _____

Authorization #: _____

Date Processed: _____