



YOUR PERSONAL OR COMPANY INFORMATION FOR DONATION RECEIPTS

Prefix/Title	First Name	Middle Initial	Last Name
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Company (if corporate gift) _____
Receipt will be issued in the company name

Mailing Address	City	Province	Postal Code
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Email	Phone
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Tax receipt required: Yes No

YOUR GIFT AND PAYMENT INFORMATION

I'm making a one-time gift of: \$50 \$100 \$200 Other _____

I would like to join the Champions' Circle with my monthly gift of: \$10 \$20 \$50 Other _____

Payment information:

Cheque *Make your cheque payable to the Sandra Schmirler Foundation. For monthly donations, please enclose a void cheque*

Credit Card # _____ Expiry Date: __ / __ (mm/yy)

Name on Card: _____ Signature: _____

Preferred method of communication: Email Mail Both email and mail

What inspired your gift today:

MY GIFT IS A TRIBUTE GIFT

In honour of In memory of _____

First Name	Last Name
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I would like the following person to be notified of my gift: _____

First Name	Last Name
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Mailing address	City	Province	Postal Code
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Tribute message:

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