

Offline Donation Form



Information collected must be complete and legible to receive a tax receipt. Tax receipts will be issued automatically for all eligible donations of \$10 or more. All cheques must be made payable to CARE Canada.

I would like to make a gift of \$ _____ to _____'s Calendar Contest entry

Help us identify you with the correct title (please circle):

Mr. Mrs. Ms. Prefer not to say

Name

Address

Province

Postal Code

Telephone

E-mail Address

Birthday

We respect your privacy: the information you share with us will be used to process your donation and occasionally update you on our work.

- I have included a cheque payable to CARE Canada
- Please bill my:
VISA Mastercard Amex

Name of Cardholder

Card Number

Expiry Date (MM/YY)

Today's Date (DD/MM/YYYY)

Signature