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Charity Number 87483-7602 RR0001

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## PERSONAL DONATION FORM

DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I want to support CCAMRE with a gift of: \_\_\_\_\_  Monthly Giving \_\_\_\_\_

Please direct my gift to:

Scholarships Program

Medical and Dental Program

Seniors Program

Sponsor a Child

Economic Development Program

The most urgent need

This is a tribute gift:  in memory of  in honour of  to commemorate\*

DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*EVENT: \_\_\_\_\_

Please notify this person of this gift:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

I have enclosed a cheque payable to CCAMRE

Please charge my:  VISA  MASTERCARD  AMERICAN EXPRESS

CARD NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_