



## CALGARY GIRLS CHOIR DONATION FORM

Name:

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Address:

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City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make a donation of:

\_\_\_\_\_ \$25                  \_\_\_\_\_ \$500  
\_\_\_\_\_ \$50                  \_\_\_\_\_ \$1000  
\_\_\_\_\_ \$100                 \_\_\_\_\_ Other \$ \_\_\_\_\_

I am making my Donation by:

- Cheque
- Visa
- Mastercard

Card number:

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Expiry date:

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Please authorize with your signature:

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***Donation eligible for a charitable tax receipt. We respect the privacy of donors.***