

## **Memorial/Tribute Donation**

Help us save lives!

| ease fill in all inf   | ormation, mail or fa        | ax it to our office. Pleas                       | e print in BL   | OCK letters   | s and sign f  | orm in th                            | e Payment Option Secti  | on. Thank you! |  |
|--|-----------------------------|--|-----------------|---|---|--------------------------------------|-------------------------|----------------|--|
| Personal Info  | ormation (An offici         | ial tax receipt will be ma                       | iled to you wi  | ithin 30 days   | upon receip   | ot of dona                           | tion.)                  |                |  |
| Title  | First Name                  |  |                 | Last Name   |   |                                      |                         |                |  |
| Street Address   | (#, street, suite/apt       | t)   |                 |   |   |                                      |                         |                |  |
| City Prov./State   |                             |  | Postal/Zip Code |   |   | (                                    | Country                 |                |  |
| Home Phone   |                             | 1  | Work Phone      |   |   |                                      | E-mail                  |                |  |
|  | ation I would like          | e to make:                                       | 1               | -   |   | <u> </u>                             |                         |                |  |
| Memorial Dona  | ation, in memory o          | f:   |                 |   |   |                                      |                         |                |  |
| Tribute Donati   | i <b>on</b> , in honour of: |  |                 |   |   |                                      |                         |                |  |
| Please indica  | ate the name of t           | he person you wish                               | to receive a    | a card on y   | your behal  | f:                                   |                         |                |  |
| Title  | itle First name             |  |                 |   |   |                                      |                         |                |  |
| Address  |                             |  | Prov./S         |   | ate   |                                      | Postal/Zip Code         |                |  |
| Country Phone  |                             |  | Email           |   |   |                                      |                         |                |  |
| Your personal r  | nessage (include h          | low you would like the c                         | ard signed)     |   |   |                                      |                         |                |  |
| I would like to d  | lesignate my donat          | ion to:  |                 |   |   |                                      |                         |                |  |
| Memorial/Trib  | ute Gift (All figures       | are in Canadian currenc                          | y) Online curi  | rency conve   | rter, available   | e at: <u>http://</u>                 | /www.xe.net/ucc         |                |  |
| Single Donation  | on - I would like to r      | make a donation in the a                         | amount of:      | \$25  | \$50  | \$100                                | \$300 \$500 Other       | amount \$      |  |
| Payment Opt  | ions                        |  |                 |   |   |                                      |                         |                |  |
| I would  | like to pay by Cred         | dit Card (Card Type)                             | 🗌 vis/          | а 🗆 м   | asterCard   |                                      | EX                      |                |  |
| Card Number  |                             |  |                 | Exp   |   | Expirati                             | iration Date            |                |  |
| Cardholder Name Cardholder Signature (please sign after printing form) |                             |  |                 |   |   |                                      |                         |                |  |
| I would like to p  | ay by 🖵 Chequ               | e 🔲 Money Order                                  | Enclosed p      | please find a   | cheque or r   | money or                             | der in the amount of \$ | .00            |  |
| Please D   | O NOT I IST my d            | onation in the Annual                            | Report          |   |   |                                      |                         |                |  |
| _  | -                           | onation on the Lifesav                           | •               | Website ( <u>w</u>  | ww.lifesavin  | ngsociety                            | <u>v.com)</u>           |                |  |
| Privacy: The L   | ifesaving Society re        | espects your privacy. Wity of our donor informat | le do not rent  | , trade or se   | II our mailing  | g lists, and                         | d we                    | Web 2011       |  |
|  |                             | order payable to the L<br>4<br>F<br>E<br>C       |                 | SOCIETY<br>rs Road, To<br>90-8844 Fa<br>sing@lifegua<br>gistration No | ronto, ON M<br>ax (416) 490-<br>arding.com<br>b. (BN) <b>1080</b> | 2J 1P8<br>-8766<br>9 <b>7270 R</b> I | R0001                   |                |  |