



## ONE TIME DONATION FORM

ONE TIME ONLY DONATION AMOUNT: \$ \_\_\_\_\_

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

ORGANIZATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

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

CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE/ZIP: \_\_\_\_\_

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

FAX: \_\_\_\_\_

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

Mail in completed form with payment to the address above.

**Do not send cash through the postal service - cheque or money order will be accepted.**