



City			Postal Code		
Address	1				
Name					
Signature		N. Committee			
Signature					
Name please print		36	<u> </u>		
Card #	Expiry Date			CVV	
I am paying by:	☐ Cheque	☐ Cash	☐ Visa	☐ Mastercard	American Express
My Donation is:	\$100.00	\$250.00	\$500.00	\$1000.00	Other

Date: / / 20