

DONATION FORM



Please complete this form and send to: Donations Fax (403) 601-2389

Or mail to: Literacy for Life Foundation, #3, 1204 - 10th Street SE, High River, Alberta, T1V 2B9

| DONATION TYPE - Please check all that apply | | | | |
|---|-----------------------------|---|--|--|
| In memory of: | | presented by AltaLink program (Feb 1st to Sept 1st) | | |
| | DONOR INFORMA | ATION | | |
| | . □ Mr. & Mrs. □ Last Name: | ☐ Miss ☐ Dr. ☐ Other: | | |
| Address: | | Suite: | | |
| City: | Province: | Postal Code: | | |
| Home Telephone: | Business Te | lephone: | | |
| Email Address: | | | | |
| | DONATION DETA | AILS | | |
| □ \$500 □ \$200 □ \$100 | □ \$75 □ \$50 | □ \$25 □ Other \$ | | |
| ☐ Cheque (please make payable to Lit | | | | |
| Signature: | | Date: | | |
| If donation is made in memory or in h | nonour/celebration, please | send acknowledgement card to: | | |
| ☐ No card required | ☐ Please | send acknowledgement card to: | | |
| First Name: | Last Name: | | | |
| Address: | | Suite: | | |
| City: | Province: | Postal Code: | | |
| | | | | |
| February 2019 | | | | |

| Card to be signed from (if different from above): | |
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| February 2019 | |