



DONATION FORM

Thank you for your support!

Please Forward this completed form along with your donation to:

By Mail: C.A.W.E.S.
P.O Box 561
Red Deer, AB
T4N 5G1

Phone: 403-346-5643 x 103
Fax: 403-341-3510
Email: tara.wilkes@cawes.com
Web: www.cawes.com

Please contact Tara Wilkes if you have any questions or concerns regarding your donation.

Name: _____

Address: _____ City: _____

Prov. _____ Postal Code: _____ Email: _____

Please find enclosed my cheque made payable to C.A.W.E.S. for:

\$30 _____ \$50 _____ \$80 _____ \$100 _____ \$250 _____ \$500 _____ \$1000 _____ Other _____

I wish to make a gift on my credit card: VISA _____ M/CARD _____

One Time Donation Amount \$ _____ OR a Monthly Donation Amount \$ _____

Name on Card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Please make my gift in Honour of: _____ In memory of: _____

Please send acknowledgement of my gift to:

Name: _____

Address: _____ City: _____

Prov. _____ Postal Code: _____ Email: _____

COMMENTS: _____

Charity Number: 106885437RR0001