



Please PRINT/TYPE and complete all parts of this form.

Donation Amount	\$				
Donor Name					
Address					
Apt / Unit #		City			
Province		Postal Code			
Home Telephone		Fax Number			
Email					
I would like to donate in umemory / uhonor of:					
Payment Method	☐ Visa ☐ MasterCard ☐ Cheque Enclosed (payable to "Lions Foundation of Canada")				
Card Number		–	Exp.	MM/YY	
Cardholder Signature			Date		
☐ Yes, I would like to support Lions Foundation of Canada Dog Guides with a monthly donation.  I authorize Lions Foundation of Canada Dog Guides to charge my credit card for the amount below on the first of each month.					
Monthly Amount	□ \$25/mo □ \$50/mo	□ \$100/mo □ Y	our Amount	\$	

I understand that I can increase, decrease, or stop this arrangement at any time, with written notice to Lions Foundation of Canada.