

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 ☐ memory / ☐ honor 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 ☐ Your Amount \$
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I understand that I can increase, decrease, or stop this arrangement at any time, with written notice to Lions Foundation of Canada.