



ONE-TIME: \$50 \$150 \$300 \$500 \$1,000 or: \$ _____
MONTHLY: \$20 \$30 \$40 \$50 \$100 or: \$ _____

Personal Detail:

Title(s):	First Name(s):	Last Name(s):	
Organization (if applicable):			
Street Address:			
City:	Prov:	Postal:	
Postal:		Phone:	
Check any that apply:			
<input type="checkbox"/> Send me information about remembering War Child in my Will			
<input type="checkbox"/> Do not send me any paper mail			
<input type="checkbox"/> Do not trade my name with like-minded organizations			
<input type="checkbox"/> I am sending the proceeds from a fundraising event			
<input type="checkbox"/> Do not acknowledge my gift publicly (such as in an Annual Report)			
Are you giving this gift in honour, memory, or in tribute to someone?			
<i>If so, please provide their name and information below if you would like to have them notified of the gift:</i>			

Payment Details:

Cardholder Name:		
Number (16 digits):	Expiry date (MM/YY):	CVV:
Card Type:	OR	
<input type="checkbox"/> Visa		<input type="checkbox"/> I have enclosed a cheque for my one-time gift
<input type="checkbox"/> MasterCard		<input type="checkbox"/> I have enclosed a VOID cheque for my monthly gifts
<input type="checkbox"/> American Express		
Monthly donations can be cancelled at any time. Donations are deducted on the 15 th day of each month. Monthly donor receipts are issued annually for their cumulative amount.		

Signature

Full Name (please print)

Date