



ALBERTA
CHAMPIONS
DONATION FORM

Yes, I want to support the Alberta Champions Society in Recognition of Community Enrichment

Name	Mr. Mrs. Ms Dr.		
Organization			
Address	Street		
	City	Prov.	PC
Email			
Telephone	Home:	Work:	

Signature: _____ Date: _____

Pledge Amount: \$ _____ Payment enclosed \$ _____

Payment Options:

I will complete my pledge with the enclosed cheque payable to **Alberta Champions Society**

Please debit my

Visa

Mastercard

Credit Card Number: _____ Expiry Date: _____

Please recognize my gift in the name(s) of: _____

Name(s) as you wish it to appear.

I wish my contribution to be anonymous.

I wish to receive periodic information regarding **Alberta Champions Society** by email or mail.

Please contact me to discuss gifts of stocks, real estate, life insurance, bequest, etc.

Please send this form with your payment to:

Alberta Champions Society
Suite 600, 5920 Macleod Trail S.
Calgary, Alberta T2H 0K2

For more information, please call Gordon Hoffman 403-258-0800

Email: donations@albertachampions.org Website: www.albertachampions.org

All donations will receive a tax receipt issued by the **Alberta Champions Society** (Charitable # 857183487RR0001)

Thank you for your generosity!