



DONATION DESIGNATION

- Paint a Picture of Hope Expansion Campaign
- Medical Clinic
- Outreach
- Where Most Needed
- Family Resource Centre
- One World Child Development Centre
- Rapid Exit

DONATIONS – PAYMENT OPTIONS

Please complete the following information if you are making a donation to CUPS. Please mail or fax this form to:

CUPS Health & Education Centres, 128 7th Avenue SE, Calgary AB T2G 0H5, ATTN: Controller, CUPS

Name

Address

Postal Code:

Company

Phone:

E-mail:

Donation amount:

Please issue tax receipt to: Individual as above Company as above Do not issue tax receipt

The following options are available for making donations to any program at CUPS:

Cheque, payable to: CUPS Health & Education Centres

Credit card

Name on Card

VISA Number:

Expiry Date (month/year)

M/C Number:

Expiry Date (month/year)

Signature:

One time donation – Amount:

Monthly donation – Amount:

Start month/year:

(Direct withdrawal will occur within the first 5 business days of each month.)

I, (please include full name)

am authorizing CUPS Health &

Education Centres to withdraw the donation amount stated above from my credit card until further written notice.

Signature Date: MM/DD/YYYY

Please see second page for additional donation options.



CUPS Health & Education Centres

128 7th Avenue SE Calgary, Alberta T2G 0H5 phone 403 221 8780 fax 403 221 8791 cupscalgary.com

Charitable Registration Number 134-112-515- RR0001



BUILDING STRONGER COMMUNITIES



Direct from bank account

Monthly donation amount: _____ Start month/year: _____

(Direct withdrawal will occur within the first 5 business days of each month.)

I, (please include full name) _____ am authorizing CUPS Health & Education Centres to withdraw the donation amount stated above from my bank account until further written notice.

Branch #

Bank #

Account #

Please include a void cheque or letter from your bank.

Signature Date: MM/DD/YYYY

Gifts in shares or stock options please contact:

Patricia Mestek

Director – Fund Development

(403) 618-3023

Email: Patriciam@cupscalgary.com

Thank you for supporting CUPS Health & Education Centres.

Tax receipts will be mailed in accordance with regulations.

For more information, visit the Canada Revenue Agency website at cra-arc.gc.ca.



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