



## 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](http://cupscalgary.com)

Charitable Registration Number 134-112-515-RR001



**United Way**  
of Calgary and Area  
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 mail to:

CIBC Wood Gundy  
#600 607 8th Avenue SW  
Calgary, AB T2P 0A7  
Re: A/C# 750-04780  
ATTN: Patti Wagg  
Please Notify: CUPS Controller at 403-221-8794.

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](http://cra-arc.gc.ca).