

# Alberta SPCA Donation Form



_____			
First Name	Last Name		
_____			
Street Address	City	Province	Postal Code
_____		_____	
Telephone Number	Email Address		

**Type of Donation\* (please check one):**

A.R.T. Monthly Donor Program:  \$45  \$30  \$15  Other \$ \_\_\_\_\_

I authorize the Alberta SPCA to deduct \$ \_\_\_\_\_ from my bank account or credit card on the first day of every month. I understand I can change or cancel my membership any time.

Signature: \_\_\_\_\_

Single Gift:  \$200  \$100  \$50  \$25  Other \$ \_\_\_\_\_

Tribute Gift:  \$200  \$100  \$50  \$25  Other \$ \_\_\_\_\_

In honour of: \_\_\_\_\_  
First Name Last Name



On the occasion of: \_\_\_\_\_  
Occasion

Please send gift letter to: \_\_\_\_\_  
First Name Last Name

\_\_\_\_\_

Street Address	City	Province	Postal Code
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\*Income tax receipts will be issued for donations \$10 or more.

**Method of Payment:**  Cheque Enclosed      
A.R.T. donors only:  
Please include a VOID cheque

For credit card donations please complete the following:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| Expiry: \_\_\_\_|\_\_\_\_| / \_\_\_\_|\_\_\_\_|

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_