



**SCOTTISH RITE CHARITABLE FOUNDATION OF CANADA
DONATION FORM**

YES, I WANT TO HELP with a **CREDIT CARD/CHEQUE/CASH** contribution to the **Scottish Rite Charitable Foundation of Canada.**

ONE TIME DONATION

I am enclosing a one-time donation of:

\$100 \$75 \$50 \$25 other \$

I have enclosed a Cheque to the Scottish Rite Charitable Foundation

OR

Please charge the above amount to my credit card. (Fill out the credit card section below)

MONTHLY GIVING PROGRAM

I want to join the Scottish Rite Charitable Foundation's monthly giving program.

I have enclosed monthly post dated cheques in the amount of \$

I authorize the Scottish Rite Charitable Foundation to charge my monthly donation of \$ to my credit card. (Fill out the credit card section below)

(Monthly donations will be processed on or about the 25th of the month)

CREDIT CARD INFORMATION

Visa MasterCard

Card Number

Expiry Date

Name on card (please print)

Signature _____

DONOR RECEIPT WILL BE MAILED TO:

Name

Address

City

Province

Postal code

Phone Number

E-mail Address

Member of Valley of (if applicable)

If this is a MEMORIAL DONATION please complete the following:

In memory of

Acknowledgment to

Address

City

Province

Postal Code