

DONATION FORM

Mrs. Ms. Mr. Dr.

First name:..... Last name:.....

Address:.....

City:..... Province:..... Postal code:.....

Telephone:..... Email address:.....

SINGLE GIFT

\$50 \$75 \$100 \$250 My choice: \$.....

Cheque to: UNHCR Canada

Cash

Credit card: Visa MasterCard American Express

Card number: Expiry date: /
MM YY

Name on the card:..... Signature :.....

MONTHLY GIFT

\$10 \$15 \$20 \$25 My choice: \$.....

Please process my monthly donation starting this date: 1st of the month 15th of the month

Bank account (I have enclosed a VOID cheque)

Credit card: Visa MasterCard American Express

Card number: Expiry date: /
MM YY

Name on the card:..... Signature :.....

UNHCR Canada
2 St Clair Avenue W, Suite 802, Toronto, ON M4V 1L5