

## 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

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