

## 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  
280 Albert Street, Suite 401, Ottawa, ON, K1P 5G8