

CALLANISH

Please consider becoming a
'Friend of Callanish Society'

Date: _____

Last Name: _____ First Name: _____

I wish to remain anonymous on the membership list and any printed donor recognition.

Street Address: _____

City: _____ Province/State: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

Payment Method:

Cheque (Payable to Callanish Society) \$ _____

Cash \$ _____

Credit Card: Visa Mastercard (check one) \$ _____

Card # _____ Expiry Date: M _____ Yr _____ Signature: _____

Please indicate the type of donation:

Annual One-time In Memory In Honour Notes: _____

Monthly Donations – Please choose amount per month:

\$25.00

\$30.00

\$50.00

\$100 (equivalent to one retreat participant per year)

Other Amount: \$ _____

Transfer of stocks/shares

o Amount _____

o Signature _____

How did you hear about Callanish Society? _____

May we contact you by e-mail regarding upcoming events and programs? yes no