

DONATION INFORMATION

I would like to make a donation in support of Parks Foundation Calgary to the Art Smith Sport Legacy Fund:

Contact Information:

Title: _____ First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (H): _____ (W): _____

E-mail Address: _____

Payment Information:

I would like to make this a one-time donation Please charge to my credit card

My cheque is enclosed Donation Amount: \$ _____

I would like to pay my gift in: Monthly Quarterly Annual installments of \$ _____

Credit card type: Visa MasterCard Card Expiry: _____ (MM/YY)

Card Number: _____

Signature: _____

Only donations of \$25.00 or more will receive a tax receipt

Yes, I would like to receive Parks Foundation Calgary's Quarterly Newsletter e-mailed to me

No, I would not like to receive Parks Foundation Calgary's Quarterly Newsletter

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