

Donation Form

First Name Home Address		Last Name City		Honorific	
				Province	Postal Code
Phone Number			Email		
If made on beha	lf of an organiza	ition, organizat	tion name:		
Option 1: M	onthly givin	Ig – I want to	become an or	ngoing monthly Pem	ıbina supporter of:
□ \$10	□ \$15	□ \$25	□ \$50	☐ Other \$	• •
Process my o	donation on the	next business	day or: □1 st o	f the month \Box	15 th of the month
Payment typ	e: 🗆 Chequ	uing account *a	attach a void ch	neque 🗆 Credit ca	ard *fill in below
Signature				 Date	
certain recour receive reimb debit (PAD) ag rights, I may c	se rights if any de ursement for any reement. For moi ontact my financi	bit does not con debit that is not re information o al institution or v	nply with this ag authorized or i n my right to ca visit www.cdnpa		e, I have the right to his pre-authorized
Option 2: Si □ \$25	ngle gift - I w □ \$50	ould like to ser	nd a one-time □ \$500	donation of: ☐ Other \$	
Payment op		•	,	, <u> </u>	
☐ Credit card:	□ Visa	☐ MasterCa	ard 🗆 Am	erican Express	
Card No.:				Expiry date (mm/y	y):/
Name on the	e card:			Security code:	
Signature					
□ Cheque (paya	ble to the Pemb	ina Institute)			
	like to subscribe			updates (usually on ossible in part by my	
☐ Please conta	act me with mor	e information a	about making	a bequest or giving	a gift of securities.

Thank you for your generous support!

For questions, please contact us: at 403-269-3344 ext. 100, or donations@pembina.org