



Office Use Only

Receipt #

Box 88008 Rabbit Hill PO
Edmonton, AB T6R 0M5

SOUTHWEST EDMONTON SENIORS ASSOCIATION DONATION FORM

Enclosed is my/our donation to SWESA in the amount of \$ _____			
Name			
Address			
City / Prov		Postal Code	
Email		Phone	
I/We are making our donation by:			
<input type="radio"/> Cash		Credit Card #	
<input type="radio"/> Cheque enclosed		Expiry Date (MM/YY)	Note: we will call you to confirm the credit card transaction.
<input type="radio"/> Credit Card		Signature	
This donation is:			
<input type="radio"/> A general donation			
<input type="radio"/> In memory of _____			
<input type="radio"/> In honour of _____ Occasion: _____			
<input type="radio"/> I/We authorize SWESA to acknowledge me/us as donors (the amount of the donation will not be published, names may be listed in a category)			
<input type="radio"/> I/We would prefer that this donation be anonymous			
<input type="radio"/> I/We give permission for SWESA to notify the individual(s) listed below that a memorial/honoraria donation has been made.			
Name			
Address			
City / Prov		Postal Code	

A tax-deductible receipt will be issued for a donation of \$20.00 or more.

Charitable Registration # 81631 4389 RR0001