DONATION FORM



First Name:	Last Name:		
Address:		City:	
Province:	Postal Code:		
Phone:	Email:		
This gift is made on bel	nalf of an individual a busines	S	
Business name (if appli	cable):		
This gift is anonymo	us l'd like an electronic receipt	I would like to receive	e e-updates
OPTION 1: MONTHLY (onth \$25/month \$50/ month OR My choice: \$		50/month
Please debit my bar Please charge my cre Card Number:	nGreen Environmental Association nk account. My cheque marked VOID is celebrated VISA MasterCard Sig	enclosed. American Express Expiry Date:	/
OPTION 2 : SINGLE G	ceive pre-notification of any debits under this agr mply by contracting BurlingtonGreen at 905 975 IFT \$100 \$250 \$50	<u></u>	
Please charge my c	conGreen Environmental Association credit card VISA MasterCard Sig		
TRIBUTE OR MEMORI	IAL GIFT		
	 F:		OR
	owledgement to: Name:		
Address:	City:	Postal Cod	de:
	l'd like to receive the following mon	hly e- newsletter	

By providing my email, I agree to receive periodic communication from BurlingtonGreen Your contact information will not be shared.