



GIFT DONATION FORM

Donor Name _____
Tax receipt will be issued in this name for donations of \$25 or more

Address/Town _____ Prov _____ PC _____

Phone _____ Email _____

I would like to make a gift donation of: \$25 \$50 \$75 \$100 \$250 Other \$ _____

If you would like recognition of your gift to be sent to the recipient please complete the following:

Recipient's Name _____

Address/Town _____ Prov _____ PC _____

Occasion/Event Donation is Honouring _____
(birthday, wedding, etc.)

Donors who donate \$250 or more may be recognized on our website.

Yes, please publicly acknowledge my donation in the name of _____

- I would like my donation to go to Avalanche Canada
- I would like my donation to support the programs of the Avalanche Canada Foundation
- I would like my donation to go to the Hincks Memorial Fund
- I would like my donation to go to the Craig Kelly Scholarship Fund
- I would like my donation to go to the Cora Shea Memorial Fund
- I would like my donation to go to the Al Hodgson Memorial Fund

Cheque/Money Order (payable to *Avalanche Canada Foundation*)

Visa or MasterCard Accepted

Credit Card Number _____ Expiry _____

Signature _____ Name on Card _____

Company Name (if corporate donation) _____

Address/Town: _____ Prov _____ PC _____

Email Address _____

Mail to: **Avalanche Canada Foundation, P.O. Box 8800 Canmore, AB T1W 0C1**
Phone: (403) 678-1235 Email: foundation@avalanche.ca
www.avalanche.ca