



DONATION FORM

Yes, I want to support public avalanche safety. Enclosed is my donation of:

\$25 \$50 \$75 \$100 \$250 \$500 Other \$_____

Tax receipts will be issued for donations of \$25 or more if the box below is checked.

Yes, please send me a tax receipt for my donation in the name of _____

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 the *Avalanche Canada Foundation*)
- Visa or MasterCard Only Please

Credit Card Number _____ Expiry _____

Signature _____

Name on Card _____

Company Name (if corporate donation) _____

Address _____

City _____ 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