



DONATION FORM

Please indicate how much you would like to donate:

\$ 50.00

\$ 75.00

\$ 100.00

\$ 250.00

Other Amount _____

Name: _____

Address: _____

City/Prov/Postal Code: _____

Phone: _____ Email _____

Payment options (please indicate preference): Credit Card Cheque

Mail or Fax this donation form to AHPCA with your credit card information filled in as indicated or cheque made out to AHPCA

Credit Card: Visa M/C Security Code (found on back of card) _____

Number _____ Expiry _____

Name on Credit Card (print) _____

Authorized Signature _____

Is this donation In Memoriam Yes In memoriam for: _____

If so please provide name and address for acknowledgement letter:

Name: _____

Address: _____

City/Prov/Postal: _____

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Please visit our website at www.ahpca.ca for more
information on AHPCA or to become a member

AHPCA is a not for profit charity. Your generous donations are greatly appreciated. A tax receipt will be sent out for donations over \$10.