



Donation Form

Thank you for your donation. Please print and complete this form and mail or fax it to CUPS at the number below:

My gift is: \$25 \$50 \$100 \$250 \$500 \$1,000 Other: \$ _____

Gift type: Monthly One time

Donor tax receipt information:

Mrs. Mr. Ms. Dr. Other: _____

Name: _____ Company (if applicable) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (home): _____ (work): _____ (cell): _____

E-mail address: _____

Payment options:

Credit Card: Visa MasterCard American Express

Name on card: _____ Signature: _____

Card number: _____ Expiry date: _____ / _____
Month / Year

Cheque (please make cheques payable to **CUPS**) **Cash**

Direct Debit (only for monthly donations): Please attach a **VOID** cheque

Please direct my gift to:

Where most needed Health Clinics Education Programs Housing Programs

Other (please give specifics) _____

Terms of monthly donors: I authorize CUPS to withdraw my monthly pledge on the 1st of each month, or the next business day. I may revoke my authorization at any time, subject to providing notice of 30 day. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. A tax receipt for the total calendar year's contribution will be sent in January or the following year.



To Send A Card

Send a card: Yes No

*Fill out the information below if you want us to send a card on your behalf.

This donation is in tribute of:

In Memory _____

Card sent from: _____

Name of card recipient: _____

Recipient's relationship with the deceased: _____

Recipient address: _____

Recipient City: _____ Province: _____ Postal Code: _____

Special instructions or personal message: _____

In Honour _____

Occasion: _____

Card sent from: _____

Name of card recipient: _____

Recipient address: _____

Recipient City: _____ Province: _____ Postal Code: _____

Special instructions or personal message: _____

Your card will include the following preprinted message:

CUPS is the grateful recipient of a tribute gift made In Memory / Celebration of _____ by _____.

Once completed, please send this form to CUPS: 1001 10th Ave SW, Calgary, AB T2R 0B7

Fax: (403) 221 – 8791

Email: donations@cupscalgary.com

Tax receipts will be issued for gift of **\$20** or more. If your gift is less than \$20 and you would like a tax receipt please check this box

If you don't wish to have your name listed in any recognition materials please check this box



CUPS 1001 10th Avenue SW Calgary, Alberta T2R 0B7 phone 403 221 8780 fax 403 221 8791 cupscalgary.com

Charitable Registration Number 134-112-515-RR0001

