

HEATHER GILL

DONOR FORM

Name _____ Last Name _____

Address _____ apt _____

City _____ Postal Code _____

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Card: Visa Mastercard Amex Cheque (circle one)

Number _____

Expiry _____ CVV security number _____

Donation (circle one)

\$10 \$50 **\$100** \$125 \$250 **\$500** \$750 **\$1200** OTHER _____

Make cheques payable to "The Heather Gill Campaign"

I certify I am making this contribution with my own personal funds and not with a business account or on behalf of another person. No individual or organization will either partially or fully reimburse me. I confirm that the above statements are true and accurate. _____

Donor signature

PLEASE PRINT

MAIL TO: HEATHER GILL CAMPAIGN, c/o 1 Brookside Terrace, Smithville, ON L0R 2A0