



Donation Form - 'In Memory'

Thank you for helping us lead strength to the children we serve!

Donor Tax Receipt Information:

Mrs Mr. Ms. Other: _____
Name _____
Address _____
City _____ Prov. _____ Postal Code _____
Phone Home () _____ Work () _____
e-mail _____
I would like my gift to be in the amount of: \$ _____

Payment Information

- I have enclosed a cheque or money order payable to the Zebra Child Protection Centre.
 I prefer to charge my gift to my: VISA MasterCard

Name on Card _____
Card No. _____
Expiry _____ / _____ Signature _____

In Honor: (A card will be sent to the family informing them a donation.)

Name of deceased _____
Family contact _____
Address _____
City _____ Prov. _____ Postal Code _____
Card sent from _____

- Please include my address on card.

I would like to direct my gift to:

- Child-Focused Programs
 Where Needed Most
 Multi-Disciplinary Team Training
 Other _____

Please mail or fax this form to:

The Zebra Child Protection Centre
Attention: Executive Director
12th floor, 10909 Jasper Avenue, Edmonton, Alberta T5J 3L9
Fax Number: (780) 421-2234