



LIFESAVING SOCIETY®

The Lifeguarding Experts

Memorial/Tribute Donation Form

Yes I want to help save lives!

Please complete, print and mail or fax the form to our office. Please sign the form in the Payment Option Section. Thank you!

Personal information (An official tax receipt for amounts over \$25 will be mailed to you within 30 days upon receipt of donation.)

Title, First Name, Last Name

Street Address (#, street, suite/apt)

City, Prov/State, Postal/Zip Code, Country

Home Phone, Work Phone, E-mail

Type of donation I would like to make

Memorial Donation, in memory of:

Tribute Donation, in memory of:

Please indicate the name of the person you wish to receive a card on your behalf.

Title, First Name, Last Name

Address

City, Prov/State, Postal/Zip Code, Country

Your personal message (include how you would like the card signed)

Memorial/Tribute Gift (All figures are in Canadian Currency) Online currency converter, available at http://www.xe.net.ucc

Single donation - I would like to make a donation in the amount of: \$20 \$30 \$50 \$75 \$100 Other amount \$

Payment Options

I would like to pay by Credit Card (Card type) VISA MasterCard

Card Number, Expiration Date

Cardholder Name, Cardholder Signature (please sign after printing form)

I would like to pay by Cheque Money Order Please find enclosed a cheque or money order in the amount of \$

Privacy: The Lifesaving Society respects your privacy. We do not share our mailing lists or donor information. Thank you for your support. You are our lifesavers!

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