



Thank you for supporting Bracelet of Hope!

One-time donation options: \$25 \$50 \$75 \$100 Other_____

Monthly donation options: \$50 \$100 \$150 \$200 Other_____

Please provide your personal information

| | |
|-------------------------------------|------------|
| Title: | |
| First Name: | Last Name: |
| This donation is made on behalf of: | |
| Address Line 1: | |
| Address Line 2: | |
| City: | Province: |
| Postal Code: | Email: |
| Telephone: | Fax: |
| Additional Information: | |

Method of Payment:

| | |
|---|--------------|
| Name of Card Holder: | |
| Credit Card Number: | Expiry Date: |
| Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> I have enclosed a cheque payable to Bracelet of Hope | |

Charitable Tax Receipt:

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|--|
| <input type="checkbox"/> I wish to receive a Canadian charitable tax receipt <input type="checkbox"/> I require a US charitable tax receipt <input type="checkbox"/> I am donating money raised at a fundraiser and do not require a tax receipt |
|--|

- I do not wish to receive future updates from Bracelet of Hope through mail or email.
- I do not give Bracelet of Hope permission to display my name in publications listings donor names and gift levels.

Signature

Name (please print)