



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:

<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)