



**SCOTTISH RITE CHARITABLE FOUNDATION OF CANADA  
DONATION FORM**

**YES, I WANT TO HELP** with a **CREDIT CARD/CHEQUE/CASH** contribution to the **Scottish Rite Charitable Foundation of Canada.**

**ONE TIME DONATION**

I am enclosing a one-time donation of:

\$100          \$75          \$50          \$25          other \$

I have enclosed a Cheque to the Scottish Rite Charitable Foundation

**OR**

Please charge the above amount to my credit card. (Fill out the credit card section below)

**MONTHLY GIVING PROGRAM**

I want to join the Scottish Rite Charitable Foundation's monthly giving program.

I have enclosed          monthly post dated cheques in the amount of \$

I authorize the Scottish Rite Charitable Foundation to charge my monthly donation of \$          to my credit card. (Fill out the credit card section below)

(Monthly donations will be processed on or about the 25<sup>th</sup> of the month)

**CREDIT CARD INFORMATION**

Visa          MasterCard

Card Number          Expiry Date

Name on card (please print)

Signature \_\_\_\_\_

**DONOR RECEIPT WILL BE MAILED TO:**

Name

Address

City          Province          Postal code

Phone Number

Member of Valley of (if applicable)

**If this is a MEMORIAL DONATION please complete the following:**

In memory of

Acknowledgment to

Address

City          Province          Postal Code