

## I want to support



### Please print this form and mail to:

Tatamagouche Centre  
RR#3, 259 Loop Route 6  
Tatamagouche, NS  
B0K 1V0  
or fax to: 902-657-3445

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### I WANT TO GIVE

#### One time Gift of:

\_\_\_\$1000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$100 \_\_\_\$50 Or other amount \_\_\_\_\_\$

#### A monthly gift of:

\_\_\_\$100 \_\_\_\$50 \_\_\_\$30 \_\_\_\$20 \_\_\_\$10 Or other amount \_\_\_\_\_\$

#### Method of Payment

- Enclose VOIDED CHEQUE for a monthly gift to begin \_\_\_month \_\_\_year
- Enclose completed CHEQUE for one time gift
- Please make cheques payable to Tatamagouche Centre

#### Credit Card (for monthly or one time gift)

- VISA  MasterCard or  American Express

• Card Number: \_\_\_\_\_

• Expiry Date: \_\_\_\_/\_\_\_\_

• Date and Signature: \_\_\_\_\_

Special Designation: \_\_\_\_\_

**Thank you for your generous support !**