

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 or MasterCard
- Card Number: _____
- Expiry Date: ____/____
- Date and Signature: _____

Special Designation: _____

Thank you for your generous support !