



## DONOR INFORMATION FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_

Country \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

### Type of Donation:

“General” \_\_\_\_ “In Memory Of” \_\_\_\_ “In Honor Of” \_\_\_\_

**Name of Person being honored or remembered:** \_\_\_\_\_

“In Memory Of” or “In Honor Of” Certificate to be mailed to:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_

Country \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

### Payment Method:

**By Credit Card:** Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_

Card Type (eg Mastercard, Visa, American Express)

Card Number \_\_\_\_\_

Expiration Date: mm \_\_ yy \_\_

CSC or CVC Number \_\_\_\_\_ (this is usually the last 3 numbers located on the back of your card)

\*\*\*\*\*

**By Cheque:** Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_

Please make cheque payable to Khartum Ladies' Auxiliary and mail to:

Khartum Ladies' Auxiliary, c/o Khartum Shriners, 1155 Wilkes Avenue, Winnipeg, MB R3P 1B9