



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 Khartoum Ladies' Auxiliary and mail to: Khartoum Ladies' Auxiliary, c/o Masonic Memorial Centre, 420 Corydon Avenue, Winnipeg, MB R3L 0N8