



Calgary Sexual Health Centre

Donation Form



Calgary
Sexual Health
Centre

304, 301-14th. Street NW, Calgary, Alberta T2N 2A1

I want to make a monthly donation of:

\$10 \$25 \$50 Other \$ _____

I have enclosed a VOIDED cheque payable to Calgary Sexual Health Centre Visa or Mastercard

Monthly donations are withdrawn the first of each month

I want to give a one-time donation of:

\$45 \$75 \$100 \$250 Other \$ _____

I would like to be a Member (add \$10 and complete the form on the back)

I have enclosed a cheque payable to the Calgary Sexual Health Centre Visa or Mastercard

Send a tax creditable receipt to:

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____ Charitable Registration #12920 9219 RR001

Signature: _____

VISA and Mastercard accepted for donations
Card #: _____
Expiry Date: _____

Please mail in this form with your donation to:
Calgary Sexual Health Centre 304, 301 - 14 Street NW Calgary, Alberta T2N 2A1
Thank you for your support

2010 Membership Application Form

My signature confirms that as a member of the Calgary Sexual Health Centre I accept and support the Mission Statement and basic philosophies of the organization.

Signature: _____

Application for membership is subject to approval by the Board of the Calgary Sexual Health Centre.

Full Name: _____

Full Address: _____

Email: _____ Phone: _____

Please mail in this application form with your membership fee of \$10.00 to:
Calgary Sexual Health Centre 304, 301 - 14 Street NW Calgary, Alberta T2N 2A1.
We will send you a membership receipt in the mail. Thank you for your support!