Make an “in honour/memoriam” donation to the Canadian AIDS Society by mail or fax

**Memorial/honouree information**

Please fill out this form, print it (and sign it if you are using a credit card) and return it to the Canadian AIDS Society by mail or fax.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This donation is  | [ ]  in honour of | **OR** | [ ]  in memoriam of  | Enter name here. |

If you wish, we will send an acknowledgement card to the above person’s family or friends:

|  |
| --- |
| Name: Name of card recipient |
| Address: Address |
| City: City | Prov/State: Province, territory or state |
| Postal/ZIP Code: Postal/ZIP Code | Country: Country |
| Message on card: Enter message text here. |
| Sign card from: Sign card from |

**Donation information**

**I would like to make a donation to the Canadian AIDS Society to the amount of** (tick one or fill in the desired amount):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  [ ] $20 |  [ ] $40 |  [ ] $60 |  [ ] $100 |  [ ] Other:$Enter amount |

Payer information:

|  |
| --- |
| \* Name: Full name |
| \* Address: Address |
| \* City: City | \* Prov/State: Province, territory or state |
| \* Postal/ZIP Code: Postal/ZIP Code | Country: Country |
| Telephone: 613-230-3580  |  |
| E-mail Address: user@email.com |

\*The Canada Customs & Revenue Agency requires that donation receipts bear the name and address of the donor.

**Payment method** (please tick one)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  [ ] Visa |  [ ] MasterCard |  [ ] Amex  |  [ ] Cash |  [ ] Cheque *(Payable to 'Canadian AIDS Society')* |

**Credit card payment information:**

Note: Credit card information is not kept on file. Once payment is processed, the information is destroyed.

Card Number: Enter card number here
Card Security Number: CVV Code

Visa / Mastercard: The Card Security Number is the 3-digit number located on the back of your card
American Express: The Card Security Number is the 4-digit number in small type above your credit card number on the front of your card

Expiry Date (month/year): MM/YY

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if discretion is required for telephone calls or mailings:[ ] Yes [ ]  No

We do not sell, trade or otherwise share our mailing lists. We undertake to keep all donors updated on the activities of the Canadian AIDS Society.

[ ]  Please tick here to consent to our using your name and address information to keep in touch with you.

**Please return by mail or fax to:**
Canadian AIDS Society
190 O'Connor Street, Suite 100
Ottawa, ON, K2P 2R3

Fax: (613) 563-4998

Tax receipts can be issued for donations over $20.

Would you like a tax receipt? [ ]  Yes [ ]  No

Our charitable registration number is 120863311 RR0001

**Thank you for keeping the Canadian AIDS Society a strong and independent voice for all men, women and children living with or affected by HIV/AIDS in Canada!**