

SalvAide Charitable Giving Mail-In Contribution Form



Please print this form and mail it to:

SalvAide
219 Argyle Avenue, Suite 411
Ottawa, Ontario K2P 2H4

Please type or print:

Prefix: Mr. Mrs. Ms. Mr.& Mrs.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Email Address: _____

Donation Amount: \$25 \$50 \$100 \$250 \$500 Other \$ _____

Credit Card: Visa MasterCard: _____

Expiration Date _____ of _____ Security code on back of card (3 digits): _____

Billing Name: _____

Billing Address (IF different): _____

Billing City: _____ Prov: _____ Postal Code: _____

Use My Gift as Follows:

- Trees for Prosperity
- Micro Credit Initiatives for Women
- Agricultural Development
- Algonquin College/Perth Delegations
- Harmony Hopes
- Human Rights CRIPDES
- SalvAide Ongoing Programs

In memory of: _____

In honor of: _____