

Membership Form

L-55 Victoria Street N., Kitchener, ON N2H 5B7 Canada

Thank you for your generosity and donation.

Name: _____

Phone: _____

Address: _____

E-mail: _____

City: _____

Postal Code: _____

METHOD OF PAYMENT

I have enclosed a cheque payable to the Thöpaga Foundation

I would like to pay by post-dated cheques or credit card installments

\$15:00/month \$30:00/month _____/month _____/year

I authorize the Thöpaga Foundation to charge my credit card in the amount specified above:

Visa

MasterCard

Card No: _____

Expiry Date: _____

Signature: _____

"Your personal information will not be disclosed to a third party for any reason"

I understand I can change or cancel my pledge at anytime, and I will receive a full tax receipt at the end of the calendar year.

Charitable #854055241RR0001 Canada Revenue Agency www.cra.gc.ca/charities