

MEMBERSHIP FORM

53 Bower Street, PO Box 91, Acton ON, L7J 2M2

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 Thöpage Foundation
- I would like to pay by post-dated cheques or credit card instalments

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

- I authorize the Thöpage 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