



Please send to:

MEDIC Canada
P.O. Box 3923
Olds Alberta T4H 1P6
403-598-0982

Charitable Registration
No 864105457RR 0001

www.mediccanada.org

Please Tell Us About Yourself (Please print clearly)

Mr. Mrs. Ms. Miss

First Name

Last Name

Address

City

Province

Postal Code

Phone

Email

Please Complete Payment Information

Giving Option 1: I Want To Become A Monthly Donor.

\$20 \$50 \$75 **Other** (\$10 Minimum Monthly Donation) \$ _____ per month

Giving Option 2: I Wish To Make A One Time Contribution Of \$ _____

Donation Option 1: Enclosed is a cheque

Make your cheque or Money Order payable to MEDIC Canada and mail to:
PO Box 3923
Olds Alberta, T4H 1P6

Donation Option 2: From my credit card.

I authorize MEDIC Canada to deduct the amount indicated from my credit card for this contribution and all ongoing contributions.

Check One Mastercard Visa

Card Holder Name: _____

Card #: _____ Exp: ____ / ____

Donation Option 3: From my bank account.

I authorize MEDIC Canada to debit the agreed amount from my account. I've enclosed a blank cheque marked VOID.

Institution #: _____ Transit #: _____ Account #: _____

Read and understood - Please note that your specified amount will be withdrawn on the 5th of each month. Your donation can be cancelled by you anytime with 30 days' notice. A tax receipt will be issued for your donation by February 15th for previous year donations MEDIC Canada cannot and will not share your personal information with other organizations without your permission.

Signature: _____ Date: _____