

# READ Saskatoon

It's more than words.



## DONATION FORM

*Please complete this form and send to  
Donations*

Fax (306) 652-4205 **or** mail to: READ Saskatoon, #304-1114 22<sup>nd</sup> Street West, Saskatoon, SK S7M 0S5

### DONATION TYPE

- General Donation  
 In memory of: \_\_\_\_\_  
 In honour/celebration of: \_\_\_\_\_

### DONOR INFORMATION

Mr.       Mrs.       Ms.       Mr. & Mrs.       Miss       Dr.       Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DONATION DETAILS

\$500       \$200       \$100       \$75       \$50       \$25       Other \$ \_\_\_\_\_

Cheque (please make payable to READ Saskatoon) **or**  VISA  MasterCard

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**If donation is made in memory or in honour/celebration, please send acknowledgement card to:**

No card required       Please send acknowledgement card to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Message on the card: \_\_\_\_\_

Card to be signed from (if different from above): \_\_\_\_\_