



**Kerby Centre**

Charitable Number: 11897-9947-RR0001

## DONATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Donation \_\_\_\_\_

Cheque enclosed (payable to **Kerby Centre**)

Visa     Mastercard    Name of Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

I designate my donation to the following Kerby department/program (optional):

\_\_\_\_\_

My donation is made:

In memory of: \_\_\_\_\_

In honour of: \_\_\_\_\_

Please notify this person of my gift (amount will not be disclosed):

If this area is left blank, no card will be sent.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Please fax or mail this completed form, along with your cheque or credit card information to: Kerby Centre**

**Fax: (403) 705-3211    Phone: (403) 265-0661  
1133 – 7 Avenue S.W., Calgary, AB, T2P 1B2**