



**SOROPTIMIST
FOUNDATION
OF CANADA**

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DONOR INFORMATION / CONFIRMATION

Donor Name: _____

Address: _____

Email: _____

Are you a Soroptimist member? NO YES What club? _____

Amount: \$ _____ Is this one-time monthly starting (mm/yyyy) _____

Are you paying by cheque? Or credit card?

Is this donation for **CURRENT GRANTS & EXPENSES?** or **FUTURE USE?**

If paying by cheque please mail it to our Treasurer, void if it's a recurring donation.

If paying by credit card telephone our Treasurer to give her this info. DO NOT EMAIL confidential information.

Credit Card #: _____ Expiry Date: _____

Name on Card: _____ Security #: _____

ALTERNATIVELY make your donation directly online using [this secure link](#).

This donation is in memory of _____

Please send a message to the following person.

Name: _____

Address: _____

Charitable Registration number: 11915 6594 RT0001