



**SOROPTIMIST
FOUNDATION
OF CANADA**

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DONOR INFORMATION / CONFIRMATION

Donor Name: _____

Address: _____

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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? Or e-transfer?

If paying by e-transfer send your donation directly to: treasurer@soroptimistfoundation.ca

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: _____

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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: _____

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Charitable Registration number: 11915 6594 RT0001