Make an “in honour/memoriam” donation to the Canadian AIDS Society by mail or fax

**Memorial/honouree information**

Please fill out this form, print it (and sign it if you are using a credit card) and return it to the Canadian AIDS Society by mail or fax.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This donation is | in honour of | **OR** | in memoriam of | Enter name here. |

If you wish, we will send an acknowledgement card to the above person’s family or friends:

|  |  |
| --- | --- |
| Name: Name of card recipient | |
| Address: Address | |
| City: City | Prov/State: Province, territory or state |
| Postal/ZIP Code: Postal/ZIP Code | Country: Country |
| Message on card: Enter message text here. | |
| Sign card from: Sign card from | |

**Donation information**

**I would like to make a donation to the Canadian AIDS Society to the amount of** (tick one or fill in the desired amount):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $20 | $40 | $60 | $100 | Other:$Enter amount |

Payer information:

|  |  |
| --- | --- |
| \* Name: Full name | |
| \* Address: Address | |
| \* City: City | \* Prov/State: Province, territory or state |
| \* Postal/ZIP Code: Postal/ZIP Code | Country: Country |
| Telephone: 613-230-3580 |  |
| E-mail Address: user@email.com | |

\*The Canada Customs & Revenue Agency requires that donation receipts bear the name and address of the donor.

**Payment method** (please tick one)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Visa | MasterCard | Amex | Cash | Cheque  *(Payable to 'Canadian AIDS Society')* |

**Credit card payment information:**

Note: Credit card information is not kept on file. Once payment is processed, the information is destroyed.

Card Number: Enter card number here  
Card Security Number: CVV Code

Visa / Mastercard: The Card Security Number is the 3-digit number located on the back of your card   
American Express: The Card Security Number is the 4-digit number in small type above your credit card number on the front of your card

Expiry Date (month/year): MM/YY  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if discretion is required for telephone calls or mailings:Yes  No  
  
We do not sell, trade or otherwise share our mailing lists. We undertake to keep all donors updated on the activities of the Canadian AIDS Society.

Please tick here to consent to our using your name and address information to keep in touch with you.   
  
**Please return by mail or fax to:**   
Canadian AIDS Society   
190 O'Connor Street, Suite 100  
Ottawa, ON, K2P 2R3

Fax: (613) 563-4998  
  
Tax receipts can be issued for donations over $20.

Would you like a tax receipt?  Yes  No

Our charitable registration number is 120863311 RR0001  
  
**Thank you for keeping the Canadian AIDS Society a strong and independent voice for all men, women and children living with or affected by HIV/AIDS in Canada!**