



Calgary Urban Project Society

128-7th Avenue SE, Calgary, AB T2G 0H5 Phone: (403) 221-8780

DONATIONS - PAYMENT OPTIONS

Please complete the following information if you are making a donation to CUPS.

Name _____

Company _____

Address _____

_____ Postal Code: _____

Phone: _____ E-mail: _____

Donation amount: _____

Tax receipt issued to: Name as above _____ Company as above _____

Other _____

The following options are available for making donations to any program at CUPS:

Cheque: Make payable to:

CUPS

128 -7th Ave. SE, Calgary AB T2G 0H5

Mail to: Carlene Donnelly, Executive Director @ CUPS

Credit card

VISA Number: _____ Expiry Date _____

M/C Number: _____ Expiry Date _____

Signature: _____

Mail to: Carlene Donnelly, Executive Director @ CUPS

Direct withdraw from bank account

Monthly Donation Amount: _____ Start month/year: _____

(Direct withdrawal will be done within the first 5 business days of each month.)

I, _____ am authorizing Calgary Urban Project Society (CUPS)
(Your full name)

Community Health Centre to withdraw the donation amount stated above from my bank account

_____ -- _____ -- _____ until further written notice.
(Branch #) (Bank #) (Account #)

*If you are not sure about the branch#, bank#, and account #, a "VOID" cheque may be mailed to us instead.

Signature

Date: MM/DD/YYYY

Gifts in Shares or Stock Options

Please Mail to:

CIBC Wood Gundy
#600, 607 - 8 Ave. SW
Calgary, AB T2P 0A7
Re: A/C# 750-04780

ATTN: Patti Wagg

Please Notify: Carlene Donnelly at 221-8782.

Thank you for supporting the Calgary Urban Project Society.