

Donation Form



Mountains & Marathons: Conquering Learning Disabilities Together



Name:				
Address:				
City, Province:				
Telephone:	Eı	mail:		
MY PLEDGE (Tax receipts will b	e issued for a	amounts ove	er \$20)	
I'd like to pledge Please accept m	y donation of	:		
☐ \$1 per mile = \$290				
☐ \$2 per mile = \$580				
☐ \$5 per mile = \$1,450				
☐ \$10 per mile = \$2,900				
Other Generous Gift \$				
PAYMENT METHOD: VISA	Mastercard	Cash	Cheque	
Card Number:		Expiration Date:		
Name on Card:			CCV #:	
Signature:				

THANK YOU!

Please complete and return form to: Foothills Academy Society 745 37 Street NW, Calgary, AB T2N 4T1 Fax: 403.270.9438

Phone: 403.270.9400 ext. 215

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