



CANADAWINS

THE CAPITAL CAMPAIGN FOR WINSPORT CANADA

CANADIAN WINTER SPORT INSTITUTE

DONOR INFORMATION

Mr. Mrs. Ms.

First Name: _____ Last Name: _____

Mailing Address: _____

City/Prov./PC: _____

Email Address: _____ Home Phone: (____) _____

Acknowledgement: _____

Name for donor recognition purposes

I wish to remain anonymous

PLEDGE OPTIONS

I would like to make an annual gift of:

\$_____Year 1

I hereby authorize WinSport Canada to charge

\$_____Year 2

\$_____ each month/year to my Credit Card

\$_____Year 3

\$_____Year 4

\$_____Year 5

I prefer a one-time gift in the amount of \$_____ over a duration of _____ years

I AM MAKING MY DONATION BY

Cash

Cheque (payable to CODA, 88 Canada Olympic Road SW, Calgary AB, T3B 5R5)

Credit Card VISA AMEX MasterCard

Card # _____ Expiry Date _____/_____/_____

PLEASE READ AND SIGN BELOW

The information on the pledge form accurately describes my charitable intent.

I give my consent to receive CANADA WINS Campaign announcements and progress reports (email only)

I do not wish to receive CANADA WINS correspondence

Signature: _____ Date: _____

Charitable Registration Number 12196 2203 RRO001. The personal information on this form is being collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of processing your donation, issuing a charitable tax receipt and, unless anonymity is requested, for recognition purposes by WinSport Canada that will include, but is not limited to, annual reports, routine lists of annual or capital donors, or mention in WinSport Canada publications. If you have any questions about how the information will be used, please contact the CANADA WINS Campaign Office: WinSport Canada, 88 Canada Olympic Road S.W, Calgary, AB, T3B 5R5, phone: 403-247-5957, email: canadawins@winsportcanada.ca



WINSPORT
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