



4525 - 47A Avenue
Red Deer, AB T4N 6Z6
p 403.309.8405
f 403.342.6644



Name _____
Company _____ Title _____
Address _____ City _____
Province _____ Postal Code _____
Email _____ Phone _____
Signature _____ Date _____

One time donation Amount \$ _____ Payment: Cash Cheque Credit Card

Monthly Donation *I authorize the Red Deer & District Museum Society to charge my monthly donation to my credit card on the 15th of each month.*

Amount: \$10 \$25 \$50 Other \$ _____

VISA MasterCard CC# _____ CSC# _____

Name on Card _____ Expiry Date _____

Signature _____ Tax Receipt Yes No

Official tax receipts are issued in January for donations over \$20, and received within the previous calendar year.

My donation is in support of: Exhibitions & Programs Collections Permanent History Exhibition
 Making History Exhibition Where most needed

I request that the above donor information, and the amount of the donation, remain anonymous.

AUTHORIZED SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Approval _____ Receipt # _____ Entered _____