

**I Wish to donate to SWIS Education Society
Charitable Number # 7595 6725 RR0001**

Please use my gift to support students at Summit West Independent School:

\$ _____

I have enclosed Cash/Cheque _____

I wish to use my credit card (Visa/MCard) _____

Name on card: _____

Credit Card number: _____ - _____ - _____ - _____

Expiry Date: ____/____

Signature: _____

This is a one time gift _____ This is a monthly gift _____

Please add back my cc fee of 3% to this donation to offset costs of processing _____

Please issue receipt to:

Name: _____

Address: _____

City: _____ PC: _____

Phone # _____