



Whitehorn Al-Fallah Society PO Box 54069,
Village Square Calgary, Alberta, T1Y 6S6
www.alfallahcalgary.ca

Donation Amount: \$ _____ CAD

Monthly One-time

\$10,000 \$5,000 \$2,000 \$1,000 \$500

\$100 \$50 \$30 Other

Full Name (Please Print)		Today's Date (DD/MM/YYYY)	
Address		City	Province

Postal Code Phone Number

E-mail

Payment Method:

Cash

Cheque made out to : **Whitehorn Al-Fallah Society**

VISA Master Card American Express

Card Number: _____

Expiry Date (MM/YY) ____

Signed: _____

I have attached a VOID cheque

Transit: _____ **Bank:** _____ **Account:** _____

Bank Information

Name of Bank	Branch	Telephone Number
Street Address	City	Province Postal Code

Signature: _____ (required)

Please note: All information needs to be filled-in order to receive an official tax receipt