



LOUGHEED HOUSE

DONATION FORM

LOUGHEED HOUSE CONSERVATION SOCIETY

DR./MR./MRS./MS. _____

AFFILIATION _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

CONTACT PHONE NUMBER _____

EMAIL _____

I AM A CURRENT LOUGHEED HOUSE MEMBER

LET'S GET LEARNING FUND: \$ _____

GENERAL DONATION: \$ _____

TOTAL: \$ _____

PAYMENT:

CHEQUE ENCLOSED__ (PAYABLE TO LOUGHEED HOUSE CONSERVATION SOCIETY)

MASTER CARD__ VISA__ DEBIT__

NAME ON CARD: _____

CC # _____ EXPIRY _____

SIGNATURE _____

MEMBERS WHO DONATE \$500 OR MORE DURING THEIR MEMBERSHIP YEAR ARE ENTITLED TO 10% OFF ONE PRIVATE EVENT BOOKING TO BE HELD DURING THAT MEMBERSHIP YEAR

FOR OFFICE USE ONLY: MEMBERSHIP # _____

RECEIPT TXN # _____ INCOME TAX RECEIPT # _____

MEMBERSHIP CARD__ THANK YOU__ DATABASE__ MEMBERSHIP EXPIRY MONTH__ / YEAR ____