



LOUGHEED HOUSE  
DONATION FORM

LOUGHEED HOUSE CONSERVATION SOCIETY

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DR./MR./MRS./MS. \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

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I AM A CURRENT LOUGHEED HOUSE MEMBER

I WISH TO DONATE TO:

AREA OF MOST NEED: \$ \_\_\_\_\_

SCHOOL PROGRAMS: \$ \_\_\_\_\_

THE LET'S GET LEARNING FUND: \$ \_\_\_\_\_

ARTIFACT AND ARCHIVES COLLECTIONS CARE: \$ \_\_\_\_\_

GARDENS: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

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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 \_\_\_\_