

WILDERNESS COMMITTEE TRAILBLAZERS Leading the way in wilderness preservation

Complete this form and mail to the address below. You can also send it by fax to (604) 683-8229. Please print clearly.

1. Contact Information		Date:		
First Name	Last Name			
Address	City			
Province/State	Postal/Zip Cod	le C	ountry	
Phone (with area code	Please send my tax receipt via email l'd like to receive Wilderness Committee updates via email			
2. Donation amount				
☐ \$10/month	☐ \$20/month	n □\$		_ /month (\$5 min.)
3. Payment I authorize the Wilderne ☐ the 1st or ☐ the 15				out further notification.
Please debit my: 🔲 B	ank account (attac	t (attach <i>VOID</i> cheque)		
	lastercard	American Express		
This donation is made on behalf of: an ind		n individual	□ a bus	iness
Name (as it appears or	n card)			
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- ₹ 46 E. 6th Avenue, Vancouver, BC V5T 1J4
- ☎ 1-800-661-9453 (toll free) or (604) 683-8220

A tax receipt will be issued each February for the full amount of your monthly gifts in a calendar year. Charitable registration # 11929-3009-RR0001