



Kamloops Immigrant Services

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Donation Form

Donation Type:

- General Donation
 In Memory of: _____
 In Honour/Celebration of: _____

Donor Information:

- Mr Mrs Ms Mr & Mrs Miss Dr Other

First Name: _____ Last Name: _____
Address: _____ Suite: _____
City: _____ Province: _____
Postal Code: _____ Country: _____
Home Telephone: _____ Business Telephone: _____
Email Address: _____

Donation Details:

- \$500 \$200 \$150 \$100 \$75 \$50 \$25
 Other: _____
 Cheque (Make payable to Kamloops Cariboo Regional Immigrants Society)
 Visa
 MasterCard

Card Number: _____ Expiry Date: _____
Signature: _____ Date: _____

If donation is in memory or honour/celebration, please send an acknowledgment card to:

- No card required Please send to:

First Name: _____ Last Name: _____
Address: _____ Suite: _____
City: _____ Province: _____
Postal Code: _____ Country: _____

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