

DONATION CARDS



Name: _____ Home #: _____
E-mail: _____ Work/Cell #: _____
Address: _____ Suite #: _____
City: _____ Postal Code: _____

METHOD OF PAYMENT

- Cheque - payable to "Jewish Music Week" \$ _____ Chq #: _____
 Credit Card in the Name of _____ in the amount of \$ _____
Card #: _____ Expiry Date: _____

Charitable Receipt to be made out to: _____

Please Note: Tax Receipts will be issued for the maximum amount allowable under Canada Revenue Agency Guidelines.

CARD SPECIFICATIONS

Individual Card(s) being sent to:

Name: _____
Address: _____
Occasion: _____
Message: _____

See the back of this form or a separate page for additional cards.

FOR OFFICE USE ONLY: Date rec'd: _____ Date deposited: _____
Credit Card Authorization #: _____ Sent for brochure/website: _____
Receipt #: 20__ - _____ Max. eligible value of receipt: \$ _____ Date receipt mailed: _____



Individual Card(s) being sent to:

Name: _____

Address: _____

Occasion: _____

Message: _____

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Name: _____

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