



Sombrilla Donation Request Form:

Donor Information (for tax receipt purposes)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Donation Information:

Donation Amount \$ _____

I would like my monthly gift to be in the amount of: \$ _____

I would like to donate to a specific project: _____

I would like Sombrilla to decide where my gift is needed most.

Payment Information

Cash Cheque Visa MasterCard

Name on Card _____

Credit Card Number _____

Signature _____

Tax receipts will be issued for cash donations of \$25 or more, or on request.

Charitable Registration Number 89012 7673 RR 0001

Incorporated in the Province of Alberta

Thank you for your support!