

## Donation Form

We can't thank you enough for your contribution to ag education in our province. Every gift of \$50 or more makes you a member of AITC-M.

### I want to give:

- \$50       \$100       \$250  
 \$500       \$ \_\_\_\_\_

### Frequency:

- One time       Monthly       Annually

### Contact Information

Organization Name (if applicable): \_\_\_\_\_

First Name (s): \_\_\_\_\_

Last Name (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### Recognition and Tax Receipting

Donor name/full legal organization name  
(as you would like it to appear on print materials):

\_\_\_\_\_

- I/we wish to remain anonymous  
 Do not add my/our name(s) to member recognition lists

I prefer to receive an official tax receipt via:

- Letter       Email

If you require an invoice for your support, please contact Sue at Sue@aitc.mb.ca or at 204-781-1215.

### PRIVACY POLICY

We take precautions to protect your information. We collect credit card or bank account information, names, addresses, and other data related to your transaction when you make a payment. We use this information to process your payment.

### Payment Method

- Online donation (Please visit: [aitc.mb.ca/donate](http://aitc.mb.ca/donate))

- Cheque

- Credit Card:

Type:  Visa       MasterCard

Card #:

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CSV Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

- Electronic Fund Transfer  
 (please complete the following or enclose a void cheque)

Name of Bank: \_\_\_\_\_

Bank Account Type:  Chequing       Savings

Branch #: \_\_\_\_\_ Institution #: \_\_\_\_\_

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

REGISTERED CHARITY NUMBER: 14095 3837 RR0001

