



Making a Difference campaign

THANK YOU FOR YOUR DONATION

NAME _____

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PC _____

CHAPTER _____

EMAIL _____

Please allocate my donation to

General Campaign (where it is needed most) \$ _____

Chapter Campaign \$ _____

TOTAL \$

Payment Schedule

- Single Payment
- Pledge (see below)

PAYMENT

Year 1	Year 2	Year 3	Year 4	Year 5
\$	\$	\$	\$	\$

- Cheque
- VISA
- MasterCard

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Signature _____

Expiry Date _____

- Check here if you wish to remain anonymous

Please fax this Donation Card to (416) 946-1002 or mail to the address below:

The Sigma Chi Canadian Foundation
 55 Bloor Street West, P.O. Box 19605, Toronto, Ontario, M4W 3T9
 Charitable Registration Number: 0958660-21 **Tax receipt provided for all donations.**

SIGMA CHI CANADIAN FOUNDATION
WWW.SIGMACHI.CA

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