

Surname: _____ Given Name(s): _____

Street address: _____ City: _____ Prov. _____

Postal Code: _____ Country (if outside Canada) _____

Email: _____ Website: _____

Phone: _____

DONATION DETAILS

Note: Complete and send us this form only if you are mailing in your donation.

\$500 \$250 \$100 \$50 Other \$ _____

Cheque (payable to Canadian Authors Association)

Visa

MasterCard

Card #: _____ Expiry Date: ____/____

CV2: _____ (three-digit security number on the back of your card)

Name on card (please print): _____

Signature: _____

Officials receipt for income tax purposes will be issued for donations of \$20 or over.

All donations will be acknowledged on a special supporters page on our website. If you do not wish your name to be included on that page, please check this box.

Please send this form and your payment to

Canadian Authors Association
c/o Anita Purcell, Executive Director
45 Penetang Street
Orillia, ON L3V 3N3

Thank you for your contribution !