



## YES! I WOULD LIKE TO SUPPORT THE UNITERRA PROGRAM

VOLUNTEER NAME:					
□MR	MRS	MISS	□MS	□DR	OTHER
NAME:					
ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
PHONE NO.:		EMAIL:			
☐ I PREFER TO MAKE A SINGLE DONATION OF:					
□\$20	□\$35	□\$50	□\$100	□ \$250	☐ OTHER: \$
☐ I WOULD LIKE TO MAKE A MONTHLY* DONATION OF:					
□\$10	□ \$25	□\$50	□\$75	□\$100	☐ OTHER: \$
METHOD OF PAYMENT					
☐ CHEQUE PAYABLE TO WUSC			□VISA		MasterCard
CARD NUMBER:				EXPIRY DATE:	
SIGNATURE:					
☐ I give <b>WUSC</b> permission to use my name as a donor.					
☐ I would like to receive information about making a planned gift to ensure the long-term viability					
of the Uniterra program.					

Tax receipts will be issued for gifts of \$20 and over. Charitable Registration Number: 11930 4848 RR0001. WUSC does not sell, rent or trade our donor's names and contact information.

\* I understand that I may cancel or change my monthly donation at any time by notifying WUSC in writing. I will receive a tax receipt for my total donation at the end of the calendar year.