



DONATION FORM

Part A. Personal Information	
First Name:	Last Name:
Civic address:	
City:	Province:
Postal Code:	Email:
Part B1. One-time Gift	
<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> Other: \$_____	
<input type="checkbox"/> Cheque payable to: Federation of Canadian Secondary Students <input type="checkbox"/> Cash (note: we strongly discourage sending cash by mail) <input type="checkbox"/> Credit Card (Visa, MasterCard, American Express)	
Credit Card Number:	
Expiry (MM/YY):	CCV:
Name on Card:	Signature:
Part B2. Monthly Gift	
<input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other: \$_____	
Process on: <input type="checkbox"/> 1st of each month <input type="checkbox"/> 15th of each month	
Credit Card Number:	
Expiry (MM/YY):	CCV:
Name on Card:	Signature:

Please complete and mail to:

Federation of Canadian Secondary Students (AR)
42 Sassafra St, Kitchener, ON, N2N 3S1

