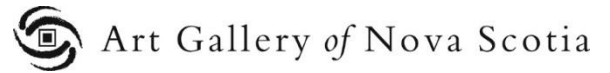


Donation Form



Canada Revenue Agency requires that donation receipts bear the name and address of the actual donor.

Donor & Tax Receipt Information

Corporate Individual

First name _____ Last name _____

Company Name _____

Address _____ APT _____

City _____ Province _____ Postal Code _____

Phone # _____ Email _____

Yes, I wish to support the Gallery with a tax deductible donation of:

\$50 \$100 \$500 \$1000 \$ _____

Please direct my contribution to:

Area of Greatest Need Yarmouth Branch Programming Endowment Acquisitions

This gift is in memory of: _____

(An acknowledgement will be sent to the family)

Payment Information

<input type="checkbox"/> Cash	<input type="checkbox"/> Visa
<input type="checkbox"/> Cheque	<input type="checkbox"/> Master Card
<input type="checkbox"/> Debit	<input type="checkbox"/> American Express

Card # _____ CVN _____

Expiry Date _____ Card Holder Name _____

The AGNS is dependent upon the generous support of donors and volunteers to fulfill its mission. The AGNS collects your personal information in order to process your donation and to issue a tax receipt. For more information about our privacy practices, view the Freedom of Information and Protection of Privacy Act.

Please make my donation anonymous

Recognition Name _____

Yes, you can display the amount of my donation publicly.

Tax receipts will be issued automatically for \$10.00 or more.