# AIR CADET LEAGUE OF CANADA LIGUE DES CADETS DE L'AIR DU CANADA

# **Donation Form**

## **Return this form by mail – Attention: Financial Development** Air Cadet League of Canada, 201-1505 Laperriere Avenue, Ottawa, ON K1Z 7T1

#### DONOR'S CONTACT INFORMATION

| Name                                       |                         |                                  | Home Phone   |              | Other Phone               |              |           |
|--|-------------------------|----------------------------------|--------------|--------------|---------------------------|--------------|-----------|
| Home Address                               |                         |                                  | City         |              | Prov.                     | Postal Code  |           |
| Email Address                              |                         |                                  |              |              |                           |              |           |
| DONATION AMOUNT                            |                         |                                  |              |              |                           |              |           |
| Donation options:                          |                         | ns:                              |              |              |                           |              |           |
|  | Ionthly install         | ments of                         | \$           |              | for:                      | 5 years OR   | years.    |
| I wish to donate \$ □ C                    | Once-a-year donation of |                                  | \$ for:      |              | for:                      | D 5 years OR | years.    |
|  | ne-time dona            | tion of                          | \$           |              |                           |              |           |
| □ R  | ecurring mont           | thly gift of*                    | \$           |              |                           |              |           |
| *Yo  | u may cancel yo         | our monthly gift at a            | any time wit | h 15 days    | written                   | notice.      |           |
| PAYMENT OPTIONS                            |                         |                                  |              |              |                           |              |           |
| 1. CHEQUE (Please make cheque              | es payable to t         | the Air Cadet Lea                | gue of Cana  | ada.)        |                           |              |           |
| First installment is enclosed              |                         |                                  |              |              |                           |              |           |
| $\Box$ First installment will be paid on ( |                         |                                  |              | YYY)         |                           |              |           |
| 2. PRE-AUTHORIZED PAYMENT starting on      |                         |                                  | (            | (DD/MM/YYYY) |                           |              |           |
| Chequing account (Please attac             | h void cheque           | .)                               |              |              |                           |              |           |
| Credit card (Please indicate card type.)   |                         |                                  | 🗆 Visa       | 🗆 Mast       | ercard                    | America      | n Express |
| Card Number                                |                         | Expiry Date (MM/YY) Card Holder' |              |              | s Name as Appears on Card |              |           |
| Cardholder's Signature                     |                         |                                  |              |              |                           | Date (DD/N   | /M/YYYY)  |
| RECOGNITION                                |                         |                                  |              |              |                           |              |           |
| □ I wish my gift to be recognized a        | as                      |                                  |              |              |                           |              |           |

□ I wish my gift to remain anonymous

All donations are gratefully acknowledged and recognized according to the ACLC's Gift Recognition Policy.

### **USE OF INFORMATION AND PRIVACY STATEMENT**

The ACLC is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. The information you provide is used by the ACLC to assist in the proper administration and acknowledgement of your gift, to issue receipts and to keep you informed of our activities. We do not rent, sell or trade our donor or mailing lists.

 $\hfill\square$  Check here if you do not wish to be contacted further by the ACLC.

