

Grant Moffat Fund Deposit

(Please print)

Please circle method of payment: VISA or MASTER CARD

Date: _____

Donation From: _____
(for official receipt purposes)

Mailing Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Donation Amount: \$ _____

Cardholders Name: _____

Credit Card Number: _____

Expiration Date: (month/year) _____ / _____

Cardholders Signature: _____

Please fax completed form to (204) 727-7744