

Donation Form



Date: _____

Individual/ Company Name: _____

Corporate Contact Name: _____

Address: _____

City: _____ PC: _____

Phone: _____

E:mail _____

Donation Amount: \$ _____

To be directed toward :

Payment Method:

Cheque _____ **Credit Card :** VISA _____ MC _____ AMEX _____

Credit Card Number: _____

Expiry date: _____

Name of Card: _____

Mail to:

Providence
5232 – 4th St.SW
Calgary Alberta
T2V 0Z4

Attention: Resource Development Department