



Thank you for supporting War Child!

One time donation options : \$25 \$50 \$75 \$150 \$300 Other \$ _____

Monthly donation options: \$11 \$21 \$30 \$50 \$100 Other \$ _____

Please provide your personal information

Title :	
First name :	Last Name
I am making this donation on behalf of an organization:	
Address line 1 :	
Address line 2 :	
City :	Province :
Postal Code:	Email:
Telephone:	Fax:
Additional Information :	

Method of Payment

Name of card holder:	
Credit card number :	Expiry date:
Card Type : <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Or <input type="checkbox"/> I have enclosed a personal cheque payable to War Child	

Charitable Tax Receipt

<input type="checkbox"/> I wish to receive a Canadian charitable tax receipt
<input type="checkbox"/> I wish to receive a US charitable tax receipt
<input type="checkbox"/> I am donating money raised at a fundraiser and do not require a tax receipt

I do not wish to receive future updates from War Child through mail or email.

I do not give War Child permission to display my name in publications listings donor names and gift levels.

Signature

Name (please print)