

OPTIMIST INTERNATIONAL FOUNDATION DONATION FORM

District OI Representative JOHN SANDERS District SWONT # 45

PLEASE PRINT ALL INFORMATION

Club dollar per member credit will be given to the Donor's Club unless otherwise noted

DONOR NAME _____

DONOR ADDRESS _____

DONER'S CLUB # _____ DONER'S MEMBER # _____

AMOUNT _____

METHOD OF PAYMENT

CASH _____ CHEQUE _____

MASTERCARD/VISA # _____

EXPIRY DATE _____

NAME OF CARDHOLDER _____



This donation is: **IN MEMORY OF** _____
(Print Name)

Or **IN HONOUR OF** _____
(Print Name)

Name and Address of Individual or Family Members to notify of Honour/Memorial Gift:

Name(s) _____

Address _____

Town _____ Postal Code _____

Fax to: 514-721-1104 **or**

Mail to: 4559 Boulevard. Metropolitan Est, St Leonard PQ H1R 1Z4 **or**

Give to: Your OI Foundation Representative