



Individual Donation

GIFT INFORMATION:

Donation Amount:

Donation Frequency:	One-Time	Annually	Semi-Annually
	Quarterly	Monthly	Weekly

I would like to remain anonymous

CONTACT INFORMATION:

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

Province/State:

Postal Code/Zip Code:

Country:

Email:

Phone:

PAYMENT INFORMATION:

Amount:

Payment: Cheque payable to the Friends of the Mounted Police Heritage Centre

Visa MasterCard

Name on Card:

Card Number:

Expiration Date:

CVV2 Number (back of card):