

CANADIAN
AVALANCHE
FOUNDATION



FONDATION
CANADIENNE
DES AVALANCHES

DONATION/RENEWAL FORM

Yes, I want to support Canadian public avalanche safety programs. Enclosed is my donation of:

\$25 \$50 \$75 \$100 \$250 \$500 Other \$ _____

Tax receipts will be issued for donations of \$25 or more if the below box is checked.

Yes, please send me a tax receipt for my donation in the name of _____

Membership Form

Yes, I want to become a member. This is a renewal.

\$25 Individual Annual Membership \$250 Corporate Annual Membership

Cheque/Money Order (payable to the *Canadian Avalanche Foundation*)

Visa/MasterCard

Credit Card Number _____ Expiry _____

Signature _____

Your Name _____

Company Name (if corporate donation) _____

Address _____

City _____ Prov _____ PC _____

Email Address _____ (for electronic newsletters & announcements)

Mail to: **Canadian Avalanche Foundation, 409 – 8th Avenue, Canmore, AB T1W 2E6**
Fax to: **(403) 678-3486 Phone: (403) 678-1235 Email: info@avalanchefoundation.ca**