



®

2009-2010 SCHOLARSHIP DONATION FORM

PAYMENT MUST ACCOMPANY FORM

Please Print:

Name

Address

City

Province

Postal Code

Telephone

E-Mail Address

Are you currently a CGSA Member Yes Membership Number: _____ No

YES I would like to make a donation to the CGSA Scholarship Fund.

AMOUNT OF DONATION: \$ _____

Method of Payment:

(Payment must be included with orders)

Cheque Enclosed

Visa

Master Card

American Express

Credit Card Number

Expiry Date

Name on Credit Card

Signature

\$ _____

Total Enclosed

Allow approximately 4 to 6 weeks for delivery

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