



Gift by Mail or Fax – Monthly Gift

Please print this form and mail or fax it to us. Fax # 403-284-0304

Accessible Housing Society
Suite #215 1212 – 31st Ave NE, Calgary, AB T2E 7S8

Asterisk (*) indicates required information

PERSONAL INFORMATION

Title: _____ *Name: _____
*Address: _____ *Town/City: _____
_____ *Province: _____
*Postal Code: _____ *Country: _____
Telephone: (____) _____ Fax: (____) _____
*Email _____

When you support Accessible Housing Society you will receive the most recent issue of our newsletter Ramping Up. Please check the box provided if you do not wish to receive our newsletter.

DONATION INFORMATION

Please note that tax receipts will be provided for donations over \$10

***(Please check your preference)**

I would like to make a single gift donation of:

\$5 \$7 \$10 Other amount \$ _____

Please direct my gift to: Outreach Residential Care Greatest Need

PAYMENT INFORMATION

*(Please check your choice of payment)

Card: Visa MasterCard Cheque

*Card Name: _____ *Card Number: _____

*Expiry Date: (mm) _____ / (yy) _____

Reg. Charity Number 10668 – 2032 – RR0001