

DONATION FORM

This form can be filled out on-line and then printed.

Please fax or mail this form only. The CAG will not accept any electronic submissions due to privacy legislation.

Name: _____ Degree(s): _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Donation

- Donor..... \$ 50 - 499
- Benefactor..... \$ 500 - 999
- Friend..... \$ 1000+
- Other..... \$ _____

Payment Information – Visa, MasterCard and Cheques only, payable in Canadian funds

**Please make cheques payable to “Canadian Association on Gerontology” and write
“Tax-Deductible Donation” in the memo line**

Donation: \$ _____

Payment Method: Visa MasterCard Cheque

Card Number: _____

Expiry Date: _____

Name of Card Holder: _____

Signature: _____

Date: _____