

Personal Information:

Name: _____ Email: _____ Tel: _____

Address: _____ Postal code: _____

I would like to make a donation towards HEAL International's programs:

- A one-time donation that may be directed to any of the programs HEAL International supports.**
 - Please find enclosed a donation of \$50 \$100 \$200 Other amount \$ _____
 - If you wish to designate a specific program, please specify here: _____
- A donation of \$540 to cover the annual expenses for one child to attend school.**
 - I have enclosed a cheque in the amount of \$540
 - I have enclosed 12 monthly post-dated cheques in the amount of \$45 each
- I prefer my donation to:** Be anonymous Be made in honor of _____
- Yes, I would like to receive updates from HEAL International**

Payments should be mailed to: HEAL International, 2403 96th Street NW, Edmonton, AB, T6N 0A7
For further information, please see our website at www.healinternational.ca

HEAL International is a registered charity with the Canadian Revenue Agency: Registration Number 864322771RR0001

Tax receipts will be issued for all donations over \$10.

Personal information requested here is being collected in order to issue you a tax receipt and to keep you informed of our programs.

Your information will not be sold or made available to any other organization.