

**DONOR FORM**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**I confirm my support to the Pan Am Clinic Foundation Inc. and pledge the following donation:**

Amount Per Year \_\_\_\_\_

Number Of Years \_\_\_\_\_

TOTAL AMOUNT \_\_\_\_\_

**Payment Method:**

- Cheque Please make payable to the Pan Am Clinic Foundation Inc.
- Money Order/Bank Draft Please make payable to the Pan Am Clinic Foundation Inc.
- Visa Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_
- Mastercard Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_
- American Express Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

For multi-year donations, please indicate the anniversary date for each payment:

Year 1 \_\_\_\_\_ Year 3 \_\_\_\_\_ Year 5 \_\_\_\_\_

Year 2 \_\_\_\_\_ Year 4 \_\_\_\_\_

**Please direct my gift to:**

- Wherever it's needed most
- Other \_\_\_\_\_

For Donor Wall purposes (gifts of \$5000 or more), please show donor gift as:

\_\_\_\_\_  
Signature \_\_\_\_\_