

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 _____