



DONATION FORM

I WANT TO HELP the Foundation carry on its important work

Please find enclosed my DONATION.

Name _____

Address _____

Address _____

City _____ Prov _____ Postal Code _____

Phone number (optional) _____ Email _____

Amount of donation _____ lump sum or monthly , enclosed

OR charge my **VISA** account number _____

Name on card _____ Expiry date _____

Signed _____

NOTE: If you DON'T want to be added to our mailing list please check here

I Wish A tax Receipt	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Mail to: The Hervey Foundation for Cats
Box 3164, Stony Plain, AB,
T7Z 1Y5 or call 963-4933**

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