



Donation Form

Donor Information (for tax receipt purposes if applicable)

Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Telephone _____ Fax _____
Email _____

Donation Information

Donation Amount \$ _____

I would like my donation to go towards Prevention Be Brave Ranch Where it is needed most

Payment Information

Cash Cheque Visa MasterCard Amex

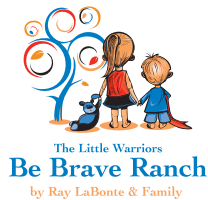
Name on Card _____
Credit Card Number _____ Expiry _____ / _____
Signature _____

Tax receipts will be issued for cash donations of \$25 or more, or on request.

Charitable Registration Number 84568 3168 RR0001

Incorporated in the Province of Alberta

Thank you for your support!



Little Warriors / Be Brave Ranch, PO Box 92507, Sherwood Park, AB T8A 3X4
TF 1.855.922.9010 **FX** 1.888.776.5635 littlewarriors.ca

Committed to the awareness, prevention and treatment of child sexual abuse.

Prevent It!
Taking Action to Stop Child Sexual Abuse

Charitable # 84568 3168 RR0001