



Donation Form

Donor Information (for tax receipt purposes if applicable)

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

One Time Donation Information

Donation Amount \$ _____

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

Become a Tribe Member

Join the Little Warriors Tribe and become a monthly or annual donor for 3 years. Tribe membership levels:

- Nurturer:** \$150-\$499 per year for three years
- Provider:** \$500-\$2499 per year for three years
- Protector:** Donations over \$2500 per year for a three year commitment

I would like to donate \$ _____ each year for three years

Tribe Member Donation Options

- Process my donation annually
- Process my donation monthly (your total annual donation divided over 12 months)
- Process a one time donation for all three years

Payment Information

Cash Cheque Visa MasterCard Amex

Name on Card _____
 Credit Card Number _____ Credit Card 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!



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 Charitable # 84568 3168 RR0001

