



## 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 donor.

- Supporter:** \$25 per month
- Nurturer:** \$50 per month
- Provider:** \$100 per month
- Protector:** \$250 per month

I would like to donate \$ \_\_\_\_\_ per month.

### 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!**



Little Warriors PO Box 3184, Sherwood Park, AB T8H 2T2  
 PH 780.922.9010 F 1.888.776.5635 [littlewarriors.ca](http://littlewarriors.ca)  
 Charitable # 84568 3168 RR0001

**Prevent It!**  
 A little warriors program