



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 Our Lighthouse 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
 Charitable # 84568 3168 RR0001

Prevent It!
 A little warriors program