

# The Encounters With Canada Support Foundation Contribution Form

## INDIVIDUAL COMPLETING THIS FORM

Name: \_\_\_\_\_  
Daytime: Phone (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_

## 1. DONOR OF CONTRIBUTION

Person  Business  Foundation  Other

Donor: (Mr., Miss, Mrs., Ms., Dr.) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Business Phone Number (\_\_\_\_) \_\_\_\_\_  
Home Phone Number (\_\_\_\_) \_\_\_\_\_

## 2. CONTRIBUTION DETAILS

Amount of New Contribution: \_\_\_\_\_  
Type: (Please Check Only One.)

**CHEQUE ENCLOSED:** Please make cheque payable to The Encounters With Canada Support Foundation.

**DONATION BY CREDIT CARD:**  VISA  MasterCard.

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on the credit card. \_\_\_\_\_

**DESIGNATION:** Where would you like the money to go? (Please check only one)

Permanent Endowment Fund – Please specify which fund or specify if you wish to create a new fund.

\_\_\_\_\_

The EWCSF Flow -Through Fund

## 3. RECIPIENT OF RECOGNITION

Recipient is: (Please check only one)

Same as Donor  Other (give details below)

Memorial (give details below)

If Other or Memorial, please complete the following:

Person  Business  Foundation

Recipient (Mr., Miss, Mrs., Ms., Dr.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## 4. MAILING RECOGNITION ITEMS.

Processing Time for Recognition is three to four weeks from receipt of application.

Please check if recognition is not to be sent.

Check here if recognition is a surprise. Presentation Date: \_\_\_\_\_

Please send recognition items to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone Number (\_\_\_\_) \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_

## 5. THE ENCOUNTERS WITH CANADA SUPPORT FOUNDATION



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