



# Donation Form

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

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

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

Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Amount Donating: \$ \_\_\_\_\_

Please make cheque or money-order payable to: **Saskatchewan Prevention Institute**

Mailing Address: Saskatchewan Prevention Institute  
1319 Colony Street  
Saskatoon, SK S7N 2Z1

Please check (✓) all applicable spaces:

( ) Memory Card Required

In Memory of *(Print Name Here)*: \_\_\_\_\_

Send Card to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Tax Receipt Required *(for Canadian donations of \$10.00 or more)*.

Make Receipt to: \_\_\_\_\_

Send Receipt to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please delegate the above donation to the following program(s):

- ( ) Alcohol, Tobacco and Other Drugs
- ( ) Parenting Education
- ( ) Childhood Injury Prevention
- ( ) Prenatal and Infant Health
- ( ) Saskatchewan Prevention Institute
- ( ) Projects
- ( ) Other *(Please Specify)* \_\_\_\_\_

*Thank You for your donation.*