

Donations by cheque only:

Please complete and return form with your cheque payable to: Canadian Healing Touch Foundation

Name/Organisation _____

Address _____

City _____ Province/State _____ Postal Code/Zip _____

Phone Number _____ E-Mail Address * _____

Donation amount: _____ Permission to acknowledge donation
Wish to remain anonymous

If you would like the contribution to be acknowledged as a special tribute in honour or memory of a person or persons, **please designate their name(s) below.**

In honour of _____

In honour of my Mentor _____

In memory of _____

Should you wish an acknowledgement of this donation sent **please complete the following:**

Name _____

Address _____

City _____ Province/State _____ Postal Code/Zip _____

Email * _____

Name _____

Address _____

City _____ Province/State _____ Postal Code/Zip _____

Email * _____

*** To simplify the CHTF administrative process donations and acknowledgements will be sent by email.**

For the mailing address please contact Susan Atkinson: treasurer@chtf.ca. Thank you!

For office use only:

Date of receipt of donation:

Date of acknowledgement & Tax receipt: