



2017 DONOR CONTRIBUTION FORM

I pledge on behalf of _____ to the National Advertising Benevolent Society's "Friends of NABS" Donor Recognition Program.

I agree that _____ will make payments on the full amount of this pledge on the dates as stated below.

Amount of payment: _____

Personal Cheque Enclosed

Corporate Chq/Credit Card Enclosed

Personal Credit Card

VISA MasterCard AMEX Card No. _____ Exp. _____

Name on Card: _____

Name of Donor: _____

Title: _____

E-Mail: _____ Phone: _____

Mailing Address: _____

Signature: _____ Date: _____

PLEASE CHECK THIS BOX TO ALLOW NABS TO LIST MY NAME OR OUR COMPANY'S NAME AMONG THE LIST OF DONORS FOR PROMOTIONAL PURPOSES

* The tax receipt will be issued for donations of \$20 and over.

*For questions please contact: Louise Bérubé, lberube@nabs.org

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NABS Charitable Registration Number: 11905 1357 RR