

# Tribute Gifts



*I wish to donate: \$ \_\_\_\_\_ In the name of: \_\_\_\_\_*

## Donor:

Mr.  Mrs.  Ms. \_\_\_\_\_

Company or Agency Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Card to be sent to:

*Please notify them with a card* For what occasion? \_\_\_\_\_

Please notify:  Mr.  Mrs.  Ms. \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Method of payment:

Cheque is enclosed (Payable to The Canadian Association of the Deaf)

VISA  MasterCard You may fax your credit card payment to: 613-565-1207

Credit Card Number

Expiration Date

Signature

Name (Printed)

Canadian Association of the Deaf  
Suite 203 • 251 Bank Street • Ottawa, Ontario • K2P 1X3  
TTY/ATS (613) 565-8882 • Voice/Voix: (613) 565-2882 • www.cad.ca  
Charitable Business No. 10807 5003 RR00 01 No. d'entreprise charitable