

I WOULD LIKE TO SUPPORT THE WINKLER ARTS & CULTURE CENTRE

NAME _____

ADDRESS _____

CITY _____

POSTAL CODE _____ PH: _____

EMAIL _____

TAX RECEIPTS WILL BE ISSUED FOR DONATIONS \$20 AND UP



DONATION AMOUNT: \$ _____

ONE TIME __ MONTHLY __ QUARTERLY __ ANUALLY __

PAYMENT METHOD:

CHEQUE__ MASTERCARD__ VISA__

MAKE CHEQUES PAYABLE TO: WINKLER ARTS & CULTURE

CREDIT CARD # _ _ _ _ _

EXPIRY _____ CVV _____

POSTAL CODE _____ DATE _____

CARDHOLDER'S NAME _____

SIGNATURE _____