



Date: \_\_\_\_\_

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

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

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Please accept my gift of \$

(Cheques payable to the Community Foundation of Medicine Hat & Southeastern Alberta, please do not send cash.)

#### I hereby direct my gift to the Fund:

- My Current Fund: \_\_\_\_\_
- Smart & Caring Community       Youth in Philanthropy
- Environmental Legacy               Growing Active Kids
- Operating Fund                       Rural Youth & Recreation

**OR**

#### I hereby direct my gift to the Agency endowment

of: \_\_\_\_\_

#### Please Check all that apply:

- This gift and all my future gifts are to be directed in the same manner as indicated, unless I direct otherwise.
- Confidentiality and privacy are important to me.** I understand the Foundation publishes a list of supporters as an appreciation. I would like to remain anonymous.
- I want to learn more about the Community Foundation, please contact me.**

Please return your donation and this donor direction card to:

104, 430 6th Ave SE Medicine Hat, AB T1A 2S8

P: 403-527-9038 F:403-527-9204

info@cfsea.ca      www.cfsea.ca

**Charitable Registration #136030285RR0001**