



# SUPPORTER APPLICATION

(PLEASE PRINT)

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

Organization: \_\_\_\_\_

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

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

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_

**YES**, send news updates to my email address.

Annual Supporter Fee: \$ \_\_\_\_\_ 30.00

Donation Amount: \$ \_\_\_\_\_ **Registered Charity No: 781915293RR0001.**

Total Payment: \$ \_\_\_\_\_

Payment Options: (please select one)

*Cheque* — make payable to **Action CIND**

*Visa*

*Mastercard*

*Other:* \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ CSV: \_\_\_\_\_

*Please consider leaving a gift to Action CIND / Action MCIN in your will.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application & payment can be mailed to:

**Action CIND**  
P.O. Box 99  
Brechtin ON, L0K 1B0  
www.actioncind.org  
info@actioncind.org

*Thank you for your support*