



VALOUR CANADA - MEMBERSHIP FORM

To fill out this form online, please visit our [website](#).
***Please return completed form with payment information to:
Valour Canada, 1820 24 St. SW, Calgary, AB T2T 0G6**

Contact Information:

Date: _____ Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Membership Type (please check ONE):

- One-Time Donation (without membership) \$ _____ (please print)
- Monthly recurring donation (without membership) of \$ _____ (please print)
- Annual membership of \$50.00
- Annual membership of \$50.00 + one-time donation of \$25.00 = \$75.00
- Annual membership of \$50.00 + one-time donation of \$50.00 = \$100.00
- Annual membership of \$50.00 + one-time donation of \$100.00 = \$150.00
- Annual membership of \$50.00 + one-time donation of \$ _____ (please print)
- Annual membership of \$50.00 + recurring monthly gift of \$ _____ (please print)
- My donation is made in memory/in honour of: _____.

**All donations and memberships qualify for a charitable tax receipt.*

Payment Slip (please PRINT):

I would like to pay by cheque - **my completed cheque is attached.**

I would like to pay by credit card:

I, _____, authorize Valour Canada to charge my credit card (below) in the amount of \$ _____ as a one-time amount, and/or \$ _____ as a monthly amount.

Name on card: _____ Card Number: _____

Expiry: _____ Security Code: _____