

Freedom Party of Ontario

Official Contribution Form



Note: Information in fields marked with an asterisk (*) are necessary.

*Name: _____

*Address: _____

*City and Province: _____ *Postal Code: _____

Telephone: (home): _____ (business): _____

FAX: _____ (cell/other): _____

e-mail: _____ @ _____ web site: _____

_____ **CALL ME! I'd like to get more involved.**

Your Notes/Comments/Questions

_____ **I'D LIKE TO HELP!**

I enclose: _____ \$2275 _____ \$1000 _____ \$300 _____ \$100 _____ \$50 _____ \$25 OTHER: \$ _____

I am making payment by (circle one) **CHEQUE** **MONEY ORDER** **CREDIT CARD**

Credit Card (circle one): **Visa** / **MasterCard** / **American Express**

Credit Card Number:

Expires:

I'D LIKE TO BECOME A MONTHLY CONTRIBUTOR Attached please find _____ Please send me _____ an **AUTHORIZATION FORM** to make regular monthly contributions through my chequing account or credit card (VISA/MasterCard/American Express). (min: \$1 per month; max. subject to provincial annual limits)

_____ **HERE'S MY STEADY SUPPORT!** Enclosed please find # _____ **POST-DATED CHEQUE(S)** totalling \$ _____

CHEQUES or MONEY ORDERS should be made payable to "FREEDOM PARTY OF ONTARIO".

Return this form, and your contribution, to Freedom Party of Ontario at:
240 Commissioners Road West, London, Ontario, CANADA N6J 1Y1