

# 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: \_\_\_\_\_ \$3325 \_\_\_\_\_ \$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:  
**FREEDOM PARTY OF ONTARIO, P.O. BOX 43008 RPO Highland,**  
**London, Ontario, CANADA N6J 0A7**