

Donation Form

Name (Mr./Mrs./Ms./Dr./Other _____ Please circle one)

Company name (if donation is made in company's name)

Street Address

City, Province, Postal Code

Daytime Phone

Email

Yes! I would like to support the important work of the GI Society with a donation of:

\$100 \$75 \$50 Other \$ _____ (All donations are eligible for a tax receipt.)

I would like to make a monthly donation of \$ _____. To be charged on the _____ day of each month (or the following business day), from the credit card listed below. (Monthly donors get one tax receipt for their total contributions each calendar year. To stop a scheduled monthly donation, contact the GI Society office.)

I would also like to subscribe to the *Inside Tract*® newsletter for the low annual fee of **\$20**.

I would like information about naming the Gastrointestinal Society as a beneficiary in my will.

Cheque payable to the **GI Society** is enclosed Visa MasterCard

Name on Credit Card

Credit Card Number

Expiry Date

You can also donate online through our secure website at www.badgut.org