



THE MEEWASIN GREEN CIRCLE

Yes, I wish to become a Meewasin Green Circle Member!
Please send my official tax receipt to the name and address listed below:

Name: _____ Date: _____

Address: _____ Postal Code: _____

E-mail: _____ Cell: _____ Phone: _____

I have the option of making my Green Circle gift for \$10,000 as a lump sum or with a payment plan of up to five years.

I choose the following payment option (CHECK ONE) of three options):

1. **My \$10,000 lump sum contribution is enclosed;**

2. **OR I choose the following ANNUAL Payment Plan:**
 \$10,000 in **five** annual payments of **\$2,000**;
 \$10,000 in **four** annual payments of **\$2,500**;
 \$10,000 in **three** annual payments (**\$3,500** first year & **\$3,250** each second and third years); or
 \$10,000 in **two** annual payments of **\$5,000**.

And yes, send me a reminder of my **annual** commitment on _____ of each year.

3. **OR I choose the following MONTHLY Payment Plan:**
 \$10,000 in monthly payments over **five** years (**\$265** initial payment & 59 payments of **\$165**);
 \$10,000 in monthly payments over **four** years (**\$365** initial payment & 47 payments of **\$205**);
 \$10,000 in monthly payments over **three** years (**\$375** initial payment & 35 payments of **\$275**);
 \$10,000 in monthly payments over **two** years (**\$800** initial payment & 23 payments of **\$400**); or
 \$10,000 in monthly payments over **one** year (**\$1200** initial payment & 11 payments of **\$800**).

OVER

If using a payment plan (CHECK ONE):

___ Please make my annual payments on the _____ day of the _____ month each year;

___ Please make my monthly payments on the _____ day of each month.

Payment Method (CHECK ONE):

1. ___ **Charge my Credit Card:** Visa MasterCard American Express

Name as it appears on card: _____

Card #: _____

Expiry date: _____

Signature: _____

OR

2. ___ **Debit my account:** I have enclosed a cheque marked "VOID" and I authorize Meewasin to deduct my chosen amount monthly or annually from the account number on my cheque.

Date: _____ Signature: _____

OR

3. ___ **Postdated cheques:** I am enclosing postdated cheques based on my chosen plan.

Permissions:

1. I give Meewasin permission to publish my name. ___ Yes ___ No
2. I give Meewasin permission to publish my donation amount. ___ Yes ___ No
3. Meewasin should recognize my gift using the following name:

___ **YES**, sign me up for the **Meewasin Explorer** newsletter!

Signature: _____ **Date:** _____

Please return this form to Meewasin by mail, fax, phone, in person or e-mail;
***Please do not send credit card information by e-mail.

MEEWASIN

402 Third Avenue South, Saskatoon, SK S7K 3G5

PH: 306-665-6887 FAX: 306-665-6117, E-mail: donations@meewasin.com

You can safely leave credit card information on Meewasin's voice mail anytime.

Meewasin office hours: Monday to Friday 8:15 AM-12:00 PM and 1:00 PM-4:30 PM.

Our office is closed during lunch hours.

THANK YOU FOR YOUR SUPPORT OF MEEWASIN!

We look forward to sharing news about Meewasin with you regularly.

We will also extend invitations to special events hosted by Meewasin!