

experiences  
CANADA



VIRTUAL GALLERY  
GALERIE VIRTUELLE



## YES! I WILL SUPPORT CANADIAN YOUTH

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TEL: \_\_\_\_\_

Tax receipts will be issued for donations of \$20 or more. To receive a receipt, please provide your name & full address above.

DONATION AMOUNT:  \$50  \$100  \$200  \_\_\_\_\_ OTHER

I WOULD LIKE TO MAKE THIS A MONTHLY GIFT:  Yes, this is a monthly donation

PAYMENT METHOD:  Cash  Cheque (payable to Experiences Canada)  VISA  Mastercard

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

### THIS DONATION IS:

**IN CELEBRATION OF MY OWN EXPERIENCE!** I am an Alumni of Experiences Canada, SEVEC, or Visites Interprovinciales & the Bilingual Exchange Secretariat

**IN HONOUR OF:** OR  **IN MEMORY OF:** \_\_\_\_\_

Please send a donation acknowledgement card on my behalf to:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

**EXPERIENCES CANADA | 202-2148 CARLING AVENUE OTTAWA, ON K2A 1H1**

FOR ASSISTANCE | REBECCA LEIKIN, DIRECTOR OF DEVELOPMENT 1.800.387.3832 X 215 RLEIKIN@EXPERIENCESCANADA.CA

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