



ANCOP INTERNATIONAL (CANADA) INC.



BUKÁS-LOÓB SA DIYÓS COVENANT COMMUNITY

GK SHELTER PROGRAM PARTNERHIP FORM

FULL NAME (Please Print)		<input type="checkbox"/> GROUP	<input type="checkbox"/> INDIVIDUAL
ADDRESS: NO. AND STREET			
CITY	PROVINCE	POSTAL CODE	
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS			
TAX RECEIPT REQUIRED			
<input type="checkbox"/> YES (Registration No 878935 0312 RR0001)		<input type="checkbox"/> NO	

I WOULD LIKE TO BE AN ANCOP GK PARTNER AND PARTICIPATE UNDER THE GK SHELTER PROGRAM BY CONTRIBUTING:

<input type="checkbox"/> \$2,300 (Provincial GK Project)	<input type="checkbox"/> Other Amount \$ _____
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I WOULD LIKE TO PAY FOR THE ABOVE BY (PLEASE SELECT APPROPRIATE BOX):

<input type="checkbox"/> One time payment of the above amount
<input type="checkbox"/> Monthly payment of \$ _____ per month for _____ months starting _____
<input type="checkbox"/> Credit Card ==> <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Credit Card # _____ Expiry date _____
Please make cheques payable to: Ancop International (Canada) Inc.

I understand that if the donation shall exceed the requirements or local situations prevent program implementation, Ancop will redirect funds to similar programs to achieve its purposes.

Signature: _____ **Date** _____

Donations of \$15 or more will be issued official tax receipts at the end of the year. Information gathered above shall be used for the exclusive purposes of Ancop International (Canada), Inc. and will not be distributed nor sold.

If mailing this form, please mail to :

ANCOP International (Canada) Inc.

c/o B. Consul
51 Canoe Crescent
Scarborough, Ontario M1X 1X8
For inquiries, please call 416-297-9420

GK Area: _____ Donor ID _____ Pledge No. _____ Date Received _____ Posted By: _____