

Support the Wild!

Send your donation to:

**Friends of
Clayoquot Sound**



Box 489, Tofino, BC, Canada V0R 2Z0

Ph:250-725-4218 Fax: 250-725-2527 Email: info@focs.ca

Office: 331 Neill St, Tofino Check out our website: www.focs.ca

Name: _____

Address: _____

Phone: _____ Email: _____

Total Donation: \$25 \$40 \$100 Other _____

Become a member of our Protector's Circle with your gift of \$500 or more.

All members receive the informative Friends of Clayoquot Sound newsletter hot off the press!

VISA or MASTERCARD

NUMBER

EXPIRY

SIGNATURE

DATE

Please charge my donation to my credit card noted above.

Join Our Wilderness Team!

Your monthly donation will allow us to plan ahead more effectively and reduce administration costs.

To make monthly donations please fill in this section.

I hereby authorize Friends of Clayoquot Sound to draw on my credit card as noted above, the amount of \$ _____ every month beginning _____ .

I (we) hereby authorize Friends of Clayoquot Sound to draw on my (our) chequing account a debit in electronic form in the amount of \$ _____ every month beginning _____ .

SIGNATURE OF ACCOUNT HOLDER

DATE

SIGNATURE OF ACCOUNT HOLDER

DATE

Please include a sample cheque marked VOID for banking information purposes.