

## Here's my gift of:

□ \$50 □ \$7	75 🗆 \$100 🗆 \$25	50 🗆 \$500 Other \$		
I prefer to gi	ve by:			
☐ Cheque (made out to West	□ VISA Coast Environmental Lav	☐ MasterCard w Research Foundation, or WCELRF)		
CARD NUMBER		EXPIRY (MM/YY)		
SIGNATURE		DATE		
NAME ON CARD				
PLEASE FILL II ISSUE YOUR T		NFORMATION SO THAT WE CAN		
necessary. We can receipts with	do not trade or sell de	requested to verify information i onor information of any kind. mations to West Coast dation.		
NAME				
ADDRESS				
CITY	PROVINCE	POSTAL		
PHONE	EMAIL			



## Become a Wavemaker monthly donor today!

YES! I'll become a monthly supporter to protect the environment through law.

I authorize WCELRF to receive the following amount from my account *each month:* 

\$10	\$20	□ \$30
\$50	Other \$	

Signature _		

Date			

- Please debit my bank account on the last day of each month. (Attach VOID cheque.)
- ☐ I prefer to make my monthly gift by credit card (Please complete credit card information to the left.)

My guarantee: I understand I can change or cancel my pledge at any time & I will receive one tax receipt for all my contributions during the calendar year.



## West Coast Environmental Law Research Foundation

#585 - 1111 West Hastings Street, Vancouver, BC Canada, V6E 2J3
Tel: (604) 684-7378 • Toll-free in BC: 1-800-330-WCEL (9235) • Fax: (604) 684-1312
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Please return this reply form with your donation.

Thank you for your support!