

## Here's my gift of:

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☐ 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

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Signature

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

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Please return this reply form with your donation.

Thank you for your support!