



Authorization for Credit Card Donation

Full Name: _____

Street Address: _____

City: _____

Province: _____

Postal code: _____

Email: _____

Telephone: _____

Fax: _____

Visa #: _____ Expiry Date: ____/____

MC #: _____ Expiry Date: ____/____

Name as it appears on Card: _____

Amount to be charged: \$_____

I authorize the Frank Flaman Foundation to charge my credit card as indicated above.

Date: _____ Signature of Cardholder _____





If this donation is in honour of someone:

In Honour of Name: _____

Address of Honouree: (for a tribute letter to be sent):

If this donation is in memory of someone*:

In Memory of Name: _____

Address of Family: (for a memorial letter to be sent):

**Families often request the addresses of those who donated in memory of their loved one in order to send a thank you. Please check here if you would prefer that we not release this information to them.*

wul@flaman.com
www.flaman.com/foundation/index.htm

THE FRANK FLAMAN FOUNDATION
Address: 2310 Sparrow Drive Nisku, Alberta T9E 8A2
Tele: (780) 955-3400
Toll Free :1-800-352-6264
Fax: (780) 955-3879