

☐ **YES!** I would like to make a one-time donation of:☐ \$25 ☐ \$75 ☐ \$125 ☐ \$250 ☐ \$500 ☐ OTHER _____ (max \$1700)☐ **YES!** I would like to make a monthly donation of:☐ \$10 ☐ \$25 ☐ \$35 ☐ \$50 ☐ \$75 ☐ OTHER _____ (max \$141)**Payment Options**☐ I HAVE **ATTACHED** A PERSONAL CHEQUE PAYABLE TO: [RENFREW-NIPISSING-PEMBROKE CONSERVATIVE ASSOCIATION](#)☐ I WOULD LIKE TO PAY WITH MY PERSONAL CREDIT CARD**Credit Card Information**☐ VISA ☐ MASTER CARD

CREDIT CARD NUMBER

EXPIRY

CSV

CARD HOLDER NAME

CARDHOLDER SIGNATURE

Donor Information

LAST NAME

FIRST NAME

MIDDLE NAME

RESIDENTIAL ADDRESS

CITY

PROVINCE

POSTAL CODE

MAILING ADDRESS (IF NOT SAME AS ABOVE)

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

PLEASE RETURN BY MAIL TO:

Renfrew-Nipissing-Pembroke Conservative Association
PO Box 382
Pembroke, ON, K8A 6X6

www.rnp-conservative.ca
donate@rnp-conservative.ca
Authorized by the Financial Agent