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### I want to help!

\$500    \$200    \$100    \$50   Other: \$ \_\_\_\_\_  
 One Time    Monthly    Annually

### Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Charitable Receipt Made To: \_\_\_\_\_

Additional Comments/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registered Charity Number: 118893957 RR0001

### Payment Method:

Cash    Cheque *Please make payable to EMCN*

Visa    MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_