



General Information

Name _____
Address _____
City / Town _____ Province / State _____
Country _____ Postal Code _____
Phone _____ Email _____

Donation Information

Amount \$20 \$35 \$50 \$75 \$100 Other _____
Payment Method Cheque Money Order Credit Card

Credit Card Info Visa Mastercard
Card Number _____ Expiry (MM/YY)_____/_____
Name on Card _____
Signature _____ Date (MM/DD/YY)____/____/____

Request a Tax Receipt

I would like my donation to go to:

New Development Other _____

PLEASE MAIL TO: Grand Concourse Authority
439 Allandale Road
St. John's, NL
Canada A1B 4E8
(709) 737-1077 (TEL) (709) 737-1014 (FAX)


**THANK YOU
FOR YOUR
SUPPORT!**