

# Make a contribution:

## Yes, I want to be a part of it

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

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

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

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

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Single Gift Donation

**YES! I'm ready to help!**

☐ \$20 ☐ \$50 ☐ \$100 ☐ \$150 ☐ Other: \$

### Payment Method *(only personal cheques and credit cards are accepted)*

**Credit Card:** Please charge my donation to my:

☐ Visa ☐ MasterCard ☐ American Express

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

Expiry date: \_\_\_\_\_

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

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

### Cheque Account:

☐ I have enclosed a cheque payable to Somali Labour Party (for single gift donations)

☐ I have enclosed a cheque marked VOID (for monthly gifts)