



YES, I AM A CHANGEMAKER!

Name		
Address		
•		
Telephone Number		
1		
○ Yes, I would like to recei	ive FortWhyte Alive email upd	ates
I would like to make this	a monthly gift of:	
\$ begini		f
Signature	(month)	(year)
Date:		
		Service, to debit payments authorized by me and return to us your financial instutition's
	cancellation shall not have effect on my d	y donor program at any time by contacting debits made prior to cancellation. I will
Please invest my contrib	ution in the following progra	m cornerstone:
O Growing Youth, Food, ar	nd Community at FortWhyte Fa	arms' social enterprise
○ Environmental Educatio	on	
O Where it is needed most	t	
	e Alive in my Will gift to FortWhyte Alive in my will and Fort Whyte Legacy Society and its a	
Office Use:		
	Date	
Amount	Payment Type	

If you have any questions, we would love to hear from you. Please reach out anytime at (204) 989-8355 ext. 212 or development@fortwhyte.org.