



YES! I WANT TO MAKE A TAX-DEDUCTIBLE DONATION TO SUPPORT SASKATCHEWAN ARTISTIC SWIMMING

INal	ime:			
Ado	dress:			
Pho	one:Ei	mail:		
Sig	gnature:		Date:	
١w	VOULD LIKE TO CONTRIBUTE	USING THE FO	LLOWING PAYMENT OPTION:	
	Please debit my account monthly in the amount of \$ (Funds will be withdrawn on the first day of the month. Attach a VOID cheque with necessary banking information. Withdrawals from your account will continue until you notify the Sport Legacy Fund that you wito discontinue the withdrawals.)			
	Here is my <u>lump sum</u> git	t in the amount	of \$	
	My cheque is enclosed (payable to the Sport L		☐ I will send an e-transfer to payment@saskartisticswimming.ca	
	Please contact me abou securities or gift in kind		ned gift such as life insurance, bequest, gift of lis	ited
Gift			Charitable Registration #889386868 RR000 cial & Territorial Sport Federations Inc.)1
/			per month (\$120/year) are eligible for a 20% to r Incentive Program that further benefits SAS	ор ир
PLE	EASE APPLY MY DONATION T	O THE FOLLOW	ING CATEGORY (Please insert % on lines below):	
	General Donation Officials Support & Developme	nt	Coaching Support & Development Athlete Support & Development	

THANK YOU FOR YOUR GENEROUS SUPPORT
Return form to Saskatchewan Artistic Swimming
#300 - 1734 Elphinstone Street, Regina, SK S4T 1K1
Phone: (306) 780-9227

Email: ED@saskartisticswimming.ca