



# BlueCommittee.Org

Growing Canada's Conservative Movement

## DONATION FORM

Given Name		Last Name		___ Male	
				___ Female	
Full Home Address					
Street/PO Box/RR: _____					
City/Town/Muni: _____ Prov/Terr: ___ PC: _____					
Mailing Address (If different)					
Street/PO Box/RR: _____					
City/Town/Muni: _____ Prov/Terr: ___ PC: _____					
Home Phone		Cell Phone / Mobile		LinkedIN/Twitter/facebook	
E-mail			Alternate E-mail		

**Please select one of the following three options:**

**Option One - Simple Donation**

I prefer to make a single contribution of:

\$25,000    \$10,000    \$5,000    \$2,500    \$1,000    \$500    other \$\_\_\_\_\_

paid by credit card or cheque in up to 12 equal installments. (See payment options on reverse side.)

**Option Two - Sustaining Donation**

I prefer to make a monthly sustaining contribution of:

\$5,000    \$2,500    \$1,000    \$500    \$250    \$100    other \$\_\_\_\_\_

charged to my credit card on the first business day of each month. (See payment options on reverse side.) Payments can be suspended or cancelled at any time.

***Please see reverse side for more options and instructions...***

**Option Three – Legacy Donation**

I would like to discuss making a dedication in memory of a loved one or including BlueCommittee.Org in my will. Please contact me at:

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Email

**Payment Options**

- I prefer to make my simple contribution by single cheque or in monthly installments (maximum 12) with post-dated cheques made out to

**“BlueCommittee.Org”**

- OR... I prefer to make my simple contribution **or** monthly sustaining contribution using the following credit card. In the case of a monthly sustaining contribution I understand that my credit card will be charged on the first business day of each calendar month, and that payments can be cancelled or suspended at any time upon written notice to BlueCommittee.Org.

- VISA       MasterCard       American Express

Credit card information :

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

\_\_\_\_\_  
Expiry

\_\_\_\_\_  
Name as it appears on Credit Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please mail your completed form and cheque(s) using the envelop provided. If you have any questions, please call or send us an email and we will be happy to assist you. Our number is 613-693-0359 and our email address is [info@bluecommittee.org](mailto:info@bluecommittee.org)

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