RIVERS WITHOUT BORDERS
A TRANSBOUNDARY WATERSHED ALLIANCE

Verifier:_____
Date: ____ / ____ / ____ (MM/DD/YY)
[ ] Confirmed [ ] Message
[ ] Changes

Thank you for supporting Rivers Without Borders and our work to protect British Columbia and Alaska's transboundary rivers and the communities that depend on them.

In Canada, Rivers Without Borders (RWB) is a project of the Sage Centre, a Registered Charity. Donations will appear on your bank statement as being credited to the Sage Centre. Rest assured that all donations are deposited directly into our 'Rivers Without Borders Fund' account.

1. DONOR AUTHORISATION

❒ Yes, I authorize the Sage Centre to withdraw the following amount from my bank account or credit card on the 15 day of each month. I may change the amount or cancel my monthly contribution at any time by notifying Rivers Without Borders or the Sage Centre.

Montly Donation Amount:

2. PAYMENT INFORMATION

❒ I have attached a cheque marked VOID so that the Sage Centre can arrange a monthly withdrawal from my account.

❒ I do not have a cheque, but here is the information required to arrange a withdrawal from my bank account:

*(transit #)*_____ *(bank #)*_____ *(account #)*_____

Name of Bank_____ ***Branch***_____

❒ I prefer to make my contribution by credit card .

Card Number: _____ _____ _____ _____ Expiry: ____/____ Mastercard ____
Visa ____

Donation Start Date: ____(mm) /15/_____(yy)
Donor's Signature (REQUIRED)_____ ____

3. DONOR INFORMATION

__|__| |__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Title First Name Last Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|
Address City State

|__|__|__|__|__|__|__|__|__|__|__| (_____)_____ _____
Zip Code Telephone Number E-mail

RWB has permission to contact me by email or mail (for membership renewal, action alerts etc.) Y/N

The Sage Centre will issue an official tax receipt for the total amount of your donations each year (for total donation amounts of $25 or more) within 60 days of the following year. Sage Center's charitable registration number is: 130560188 RR0001.

Please mail form to: RWB, Attn. Karin Sparks,
302 Hawkins St. Whitehorse, YK. Y1A 1X6
or Fax form to: 867-668-6637
Need more information? Call Karin at 867-668-5098 or email karin@riverswithoutborders.org