



## ***POLITICAL ADVOCACY DONATION***

**SURNAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**WORK AFFILIATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **SUITE/APT#** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

***DONATION AMOUNT:***

\$ 75.00    \$ 100.00    \$ 125.00    \$ 150.00    \$ 175.00    \$ 200.00

OTHER \_\_\_\_\_

**FORM OF PAYMENT:**

(Check one)   **CHEQUE** \_\_\_\_   **AMEX** \_\_\_\_   **VISA** \_\_\_\_   **MASTERCARD** \_\_\_\_

**NAME ON CARD** \_\_\_\_\_

**CARD #** \_\_\_\_\_ **CARD EXPIRY DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**ONTARIO PSYCHOLOGICAL ASSOCIATION**  
**730 YONGE ST. SUITE#221, TORONTO, ON M4Y 2B7**