



WESTERN INSTITUTE FOR THE DEAF AND HARD OF HEARING

MEMBERSHIP APPLICATION FORM

Yes, I wish to be a member of the Western Institute for the Deaf and Hard of Hearing

Yearly Membership \$15.00

Lifetime Membership \$100.00

I would like to make a tax deductible donation \$25 \$50 \$100 Other _____

Method of Payment:

Cheque

Cash

Visa

MC

Card Number: _____ Expiry Date: _____

Signature: _____

PILLAR PLAN

I would prefer to join the Pillar Plan and contribute on a monthly basis to WIDHH. By joining the Pillar Plan, I will automatically become a member for as long as I am on the plan. I will receive a tax receipt at the end of the year for my contributions and will not receive other fundraising requests from WIDHH. I have enclosed a cheque marked void and have signed this agreement form. Deductions will be made on the first of each month.

Signature: _____

Monthly Donation Amount:

\$20.00

\$15.00

\$10.00

\$5.00

Please start deductions on: _____
Month Year

Monthly payments can be cancelled at any time by informing WIDHH by phone, e-mail or in writing.

Mr.

Mrs.

Ms.

Miss

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Thank You!

Please mail to: WIDHH, 2125 West 7th Avenue, Vancouver, BC V6K 1X9