WOUNDED WARRIORS CANADA DONATION CARD

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Email: _____

Donation Amount: $ _____ ☐ **One-Time** ☐ **Monthly**

Payment Method ☐ **VISA** ☐ **MC** ☐ **AMEX**

Name on Card	Credit Card #	Exp. Date	CVV#

PLEASE FILL OUT THE ABOVE INFORMATION AND SEND TO:

#1160 – 1090 WEST GEORGIA STREET

VANCOUVER, BC V6E 3V7