

Direct Deposit Donation Form

YES! I would like to make	a gift to:	Please	e provide the name	e of the fund		
DONOR INFORMATION		1 10030	e provide the name	e or the rund		
Name P		none Number	Email (red	Email (required for e-tax receipt)		
Street Address	Ci	ty	Province	Postal Code		
☐ The fund may send oc ☐ Tides Canada may set ☐ I would like my gift to b ☐ I am making this dona	nd occasional upda ne <i>anonymous</i> .	tes. Please check	the box if you do	not wish to receive	these.	
Please provide the na	me and address of	the person you we	ould like notified o	f your gift.		
Tides Canada is committed to protect accordance with Canadian privacy la Officer at 1-866-843-3722.						
DONOR AUTHORIZATIO)N					
☐ Yes, I authorize Tic ☐ month/ ☐ quair contribution at any	ter/ 🗌 year (pleas	e check one). I m	ay change the am			
Donation Amount	: \$	Name on Bar	nk Account:			
Signature:		(required)	(required)			
PAYMENT INFORMATIO	N					
I have attached a c		D written across it	so Tides Canada	Foundation can ar	range the	
Transit:	Bank:	Account:				
Bank Information						
Name of Bank		Branch	Telephone	Number		
Street Address		City	Province	Postal Code		
Tides Canada Foundation total donation amounts of						
Please send form by:	MAIL I Tides	s Canada, 400-16	3 West Hastings S	St., Vancouver, BC	V6B 1H5	

Tides Canada helps people like you foster a healthy environment and promote a just society. Visit www.tidescanada.org to learn more. You can also find us on Twitter (twitter.com/tidescanada) and Facebook (facebook.com/tidescanada).

OR FAX | 1-866-780-6611 OR EMAIL | donations@tidescanada.org