

CFC INDIVIDUAL GIVING FORM

YES, I would like to support the training and development of Canada's emerging talent with my donation to the CFC.

CONTACT INFORMATION

Name: _____

Address: _____

Phone: (H): _____ (B): _____

E-Mail: _____

DONATION INFORMATION

Total Gift: \$ _____

Please accept this gift as:

- An Annual Gift
- Monthly Gift in the Amount of \$ _____
- A Gift Pledged Over _____ Years

Anniversary Date: _____ / _____ / _____

Please Use My Gift for the Benefit of:

- CFC Film Programs:**
 - Film Program, Feature Film Project, Short Dramatic Film Project, GO WEST Project Lab
- CFC TV Programs:**
 - Prime Time TV Program, TV Pilot Program
- CFC Media Lab Programs:**
 - TELUS Interactive Art & Entertainment Program, Interactive Narrative Feature Program
- CFC Worldwide Short Film Festival**
- Where Most Needed

PAYMENT

- Cheque (Made out to the Canadian Film Centre)
- VISA
- American Express
- MasterCard

Card #: _____

Exp. Date: _____

Name on Card: _____

- I would like to receive more information on Planned Giving.
- I wish to remain anonymous. Please do not include me in any donor acknowledgement.
- I do not wish to receive a monthly electronic copy of the CFC Insider.