

# Support the Wild!



Chip Vnari

Name: \_\_\_\_\_

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Total Donation: \$25  \$50  \$100  Other  \_\_\_\_\_

Become a member of our Protector's Circle with your gift of \$500 or more.

**Donate online at [www.focs.ca/support](http://www.focs.ca/support)**

Visa or  Mastercard

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Please charge my donation to my credit card noted above.

**To make monthly donations please fill in this section.**

I hereby authorize Friends of Clayoquot Sound to draw on my credit card as noted above, the amount of \$\_\_\_\_\_ every month beginning\_\_\_\_\_.

I (we) hereby authorize Friends of Clayoquot Sound to draw on my (our) chequing account a debit in electronic form in the amount of \$\_\_\_\_\_ every month beginning\_\_\_\_\_.

SIGNATURE OF ACCOUNT HOLDER

DATE

SIGNATURE OF ACCOUNT HOLDER

DATE

Please include a sample cheque marked VOID for banking information purposes.



**Friends of Clayoquot Sound**  
Box 489, Tofino, B.C., Canada V0R 2Z0



Jeff Chilton

**Thank You!**