
YES! I WANT TO JOIN THE 2000 CLUB!
HERE IS MY DONATION OF \$100 TO VILLA MARCONI.

Name: _____
Please print

Address: _____ City: _____ Postal Code: _____
No. and Street

Telephone: () _____ Email: _____

My cheque, payable to Villa Marconi, is enclosed.

or

Please bill my: Visa Amex Master Card

Credit Card # _____ / _____ / _____ / _____ Expiry Date ____ / ____

Name on card _____
Please print name

Address: _____ City: _____ P.C: _____ Phone: () _____

Cardholder's Signature (please sign for validation)

Pre-Authorized Payment Plan

Monthly amount \$10.00 Payments are processed on the 1st business day of each month.

Annual amount \$100.00 Payments are processed on the 1st business day of the month of each renewal date.

Debit my Credit Card Information on Credit Card as provided above.

or

Bank Pre-Authorized Payment Plan (please provide a voided blank cheque)

Bank _____ Branch _____ Account # _____

Please **DO NOT** publish my/our name(s) in the quarterly newsletters, media acknowledgements, or any public recognition.