Chiropractic for the World

Name: _____ Date: _____

Address: _____
No. Street

_____
City Province Postal Code

Phone: _____ Fax: _____

Email: _____

Graduated DC from: _____ Year: _____

Choose one or more of the following options (check box)

- ❑ Option 1: One time donation of _____.
- ❑ Option 2: _____ per month
- ❑ Option 3: $100 per month
- ❑ Option 4: $200 per month
- ❑ Option 5: $400 per month

Method of Payment:

- ❑ Pay by Cheque. Total amount enclosed: _____

  Cheques should be made payable to: Chiropractic for the World Foundation
- ❑ Pay by Visa/Mastercard/Auto-Withdrawal (we will contact you shortly to gather your information)

Signature: _____ Date: _____

Healing Hands for Global Change

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