



YES, I want to broaden Canada's policy dialogue by supporting innovative thought and research at the Frontier Centre for Public Policy.

Please print and complete both sections.

My total financial support to the Frontier Centre is \$ _____ which will be paid

Annually semi-annually quarterly
 Bimonthly monthly commencing _____ / _____ / _____
Day Month Year

Method of Payment:

VISA MasterCard # _____ Exp. ____ / ____

Signature _____

I understand that debits in the amount shown above will be made against my credit card in accordance with the contribution schedule indicated above.

Cheque(s) payable to the *Frontier Centre for Public Policy*

Name _____ Date _____

Company _____ Title _____

Address _____

Apt./Ste. Street Address /Postal Box No.

City/Town Province Postal Code

Phone () _____ Fax () _____ E-mail _____

The Frontier centre is a registered educational organization (Reg. No.89548 9748 RR0001). All donations of \$100+ are eligible for a charitable tax receipt upon request.