



Tribute Page Setup

YOUR CONTACT INFORMATION:

Please complete the form below. We require your contact information and email address to send you a confirmation.

User Type: Individual Company Representative

Title: Mr. Ms. Dr. Prof. MD Mrs. Miss

First Name: _____ Middle Name: _____

Last Name: _____

Email Type: Home Business

Email address: _____

Organization Name: _____

Address Type: Home Business

Country: _____

Street name and number: _____ Apt./Unit# _____

City: _____

Province/State: _____

Postal Code/ZIP: _____

Phone Type: Home Business

Phone# _____ Phone Extension: _____

Your Individual Fundraising Goal (CAD): _____

We occasionally make our donor lists available to other charitable organizations whose cause may be of interest to you. If you prefer not to receive such mailings, please check this box.

PARTICIPANT CENTRE ACCESS INFORMATION:

Create a username and password to access the Participant Centre. An email will be sent to you with your login information.

Username: _____

Password: _____

IN MEMORY:

Please enter the name of the person who you are memorializing.

Remembering: _____

TRIBUTE PAGE INFORMATION:

Title: _____

Page Live Date: _____
 (dd) (mm) (yyyy)

Page End Date: (if applicable) _____
 (dd) (mm) (yyyy)

Private: Do not display this page in lists or during searches

We would like to keep you informed about the vital work we do, however, if you do not wish to receive this information, please let us know by ticking the relevant boxes:

- Mail (Animal Talk Magazine, New Beginnings Calendar, Appeals)
- Email (including our weekly e-newsletter)
- Telephone