

Please Extend My Membership in Profitable Giving Canada

Member Last Name	First Name	Middle Initials
Street Address		Apartment/Suite
City		
Oity City		
Province	Postal Co	ode
Email Address:	Home Ph	none: ()
	Cell Phor	ne: ()
TO: Profitable Giving Canada		
I wish to extend my Individual PGC Membership for 5 years from the current expiry date. I am enclosing my cheque for the amount of \$400.		
MEMBER		npleted, mail the application, along with the wal fee, to the following address:
	Profitable	Giving Canada
(Print Name)	380 Wellir	ngton Street 6 th Floor, Suite 600
(Time realite)		Ontario N6A 5B5
		ques or money orders payable to "Profitable
(Signature)		anada". Do not send cash in the mail. eived, your membership will be extended online
	and you w	vill be sent a confirmation via email. Please
Dated thisday of,	20	y take up to 45 days to process your renewal.
		fer, you may make your \$400 payment by
		nail transfer to admin@profitablegiving.ca Be clude the Name and Email associated with your
		unt in the Interac Message Box. Also, be sure
		separate email to admin with the answer to rity question. We will not accept Interac
	payments	that we cannot properly match to your
		You will receive an email confirmation of your hip extension.
	THANK Y	OU FOR YOUR SUPPORT