



**PLEASE FAX OR MAIL THIS FORM TO THE CANADA-ISRAEL CULTURAL FOUNDATION OFFICE.**

\*indicates required information

First Name*:	_____	Last Name*:	_____
Title:	_____	Organization:	_____
Address*:	_____	Address:	_____
City*:	_____	Province*:	_____
Postal Code*:	_____	Home Phone*:	_____
Work/Cell Phone:	_____	E-mail:	_____

**Become a Member:**

- Patron \$ 500.00
- Sponsor \$ 100.00
- Member \$ 50.00

**Please send a Tribute Card to:**

- IN HONOUR OF
- IN MEMORY OF \_\_\_\_\_

First Name*:	_____	Last Name*:	_____
Address*:	_____	Address:	_____
City*:	_____	Province*:	_____
Postal Code*:	_____		
Personal Message*:	_____		
	_____		
	_____		

How would you like the card to be signed? \_\_\_\_\_

**Gift in support of:**

- Use my gift in the area of highest priority
- Direct my gift to the following area:
  - Sharett Scholarship Program
  - Mia Arbatova Dance Competition
  - Thelma Yellin High School of the Arts
  - Other \_\_\_\_\_

Amount\* (in CDN dollars): \_\_\_\_\_

VISA or MasterCard\*: \_\_\_\_\_

Credit Card Number\*: \_\_\_\_\_ Expiry Date\* (month/year): \_\_\_\_\_

Card Holder's Name\*: \_\_\_\_\_

- Please find enclosed a cheque payable to the Canada-Israel Cultural Foundation