



S . A . L . T . S .

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D O N A T I O N   B Y   M A I L

Donation Amount: \$ \_\_\_\_\_

Designation:     Where We Need it Most     Ship Maintenance  
                          Program Operating Costs     Other \_\_\_\_\_

*Please check that your name and address are correct to ensure proper preparation of your receipt for tax purposes.*

**COMPLETE & MAIL TO:**

S.A.L.T.S.  
PO Box 5014,  
Station "B"  
Victoria BC V8R 6N3  
CANADA

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check or Credit Card Information.**

*Please make checks payable to S.A.L.T.S. If you wish to use a credit card, please complete the information below and mail in this for to the address listed at the top of this page.*

Name on Card: \_\_\_\_\_

Card Type:     VISA  
                          MASTERCARD

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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