

KATERI CENTER - P.O. BOX 1809, KAHNAWAKE, QUEBEC - CANADA - J0L 1B0

Tel: (438) 346-7701 Fax: (450) 632-6031

USE THIS FORM FOR YOUR DONATION.



PLEASE PRINT, FILL AND MAIL THIS FORM ALONG WITH YOUR DONATION (CASH, CHEQUES OR MONEY ORDER)

PAYABLE TO "KATERI CENTER"

FOR DONATIONS EXCEEDING \$100; YOU WILL RECEIVE A 1-YEAR FREE MEMBERSHIP TO THE **KATERI MAGAZINE** AND A FREE COPY OF THE AWARD-WINNING *CAPAX DEI* PRIZE DVD BELOW.

A TAX RECEIPT WILL ALSO BE ISSUED, (END-JANUARY) SINCE WE ARE A REGISTERED CHARITY. YOUR DETAILS (upper case):

Name:		First name:	
Address:			
Postal code / ZIP code :		Tel: ()	
Country:			
** E-mail:	@		
** Case sensitive please enter clearly	*** Please pro	wide vour membership number (if exist	ing member)



