



YES! I want to be a Butterfly Sponsor

Name: _____ Address: _____

City & Province: _____ Postal Code: _____

Telephone Number: _____ Email _____

_____ Address: _____

Donation: \$ _____ I have enclosed a cheque payable to:

International Children's Festival, 5 St. Anne Street, St. Albert, AB T8N 3Z9 Attention: Sandra Moloney

Please charge my Visa MasterCard

Credit Card # _____ Expiry Date _____

Cardholder's name: _____ Signature: _____

*Monthly credit card payments will be processed on the first business day of each month.

Please forward information on volunteering for the Festival

I do **not** wish to receive information on the Festival

All information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.