KEYSTONE & GATEWAY Membership Form

DONA				Foresteed
PCIV#				Fundraiser
1) Receipt Information:				Date Sold
-				
Name			Initial /Middle N	Name
Residential Address		City /Town	Postal Code	
Preferred Phone Number Spouse Name (if selecting one of the spousal options)				
		Email		
		Home Constituency		
,			,	
2) Membership Options: (Please check	k selected option)			
Single Membership	Keystone		Gateway	
Annual Payment	\$1500.00		\$3000.00	
Monthly Payment	\$125.00		\$250.00	
S Split Membership With Spouse ***		ouse 2	Spouse 1 Spouse 2	
Annual Payment Monthly Payment		50.00	\$1500.00 \$1500.00	
<u>†</u> Monthly Payment ⊔	\$62.50 \$62	50	\$125.00 \$125.00	
Associate (under age 30)				
Annual Payment	\$1,000.00			
Monthly Payment	\$83.33	I		
**** Split Membership With Spouse- Under the split membership of added as a full member. Spouses who split a membership must pucheques for \$ 750. BENEFITS are not transferable to anyone a	orepare two separate pa Ind are to be utilized b	ayment transactions E y the sole owner of t	E.g. to split Keystone membership with the member who has purchased the	h spouse please prepare two separate e membership.
3) Payment Information: (all pay	ments mus	t be made i	by PERSONAL Cred	dit Card or Cheque)
☐ Cheque make cheque payable to PC Party	of Manitoha 🗖	Rank Accou	Int attach voided chaque	☐ Credit Card
Credit Card number:	UI MAHILUDA 🖵		•	u Credit Card
	1 1 1 1	I I I	oiry Date:	
			Name of Co.	- I'i OI
I authorize the PC Party to continue with changes to my contribution.	automatic mo	onthly paymer	Name on Cre nts until such time that	
Spouse				
Credit Card number:		Exp	iry Date:	
			Name on Cre	edit Card
I authorize the PC Party to continue with changes to my contribution.	automatic mo	onthly paymer	nts until such time that	I cancel or make
☐ I do not wish to have membership in the PC P	arty of Manitoba	included in this t	transaction	
1) Constituency Allocation				
4) Constituency Allocation ☐ Please allocate 50% of my donation to			Constituency A	ssociation
OFFICE USE ONLY:			☐ Cheque	e Credit Card
DATE RECEIVED:		NOTES:		
BY:				
DATE PROCESSED:				
BY:				
DATE ENTERED (DONA)				
DATE ENTERED (PCIV):				
BY:				
EXPIRY DATE:				

Authorized by the Financial Officer, PC Party of Manitoba Thank you for your continued support for the PC Party of Manitoba!