

Atlantic Therapeutic Touch Network PO Box 24073 21 MicMac Blvd., Dartmouth, NS B3A 4T4 www.atlanticttn.com info@atlanticttn.com

DONATION FORM

Option 1: To assist in the operation of the Network as: (please choose one) In memory of on his/her birthday To honour on his/her birthday Other On help support the Bertha Ellis Fund (BEF) If one is a paid member for a year or more, they may apply to the ATTN Treasurer and request assistance of the BEF to help defray expenses in order to renew membership or attend ATTN sponsored events. Option 3: To help support the Teacher's Education Fund (TEF) Name and address of person to whom ATTN may send notification of this donation Name Address Please fill in your information. Name Address Phone number Email Date	I wish to make a donation to the Atlantic Therapeutic Touch Network: Amount \$
□ To assist in the operation of the Network as: (please choose one) □ In memory of	
□ In appreciation of Therapeutic Touch® treatment(s) received from: □ To honour	
□ To honour on his/her birthday □ Other Option 2: □ To help support the Bertha Ellis Fund (BEF) If one is a paid member for a year or more, they may apply to the ATTN Treasurer and request assistance of the BEF to help defray expenses in order to renew membership or attend ATTN sponsored events. Option 3: □ To help support the Teacher's Education Fund (TEF) Name and address of person to whom ATTN may send notification of this donation Name Address Please fill in your information. Name Address Phone number Email Phone number Email	□ In memory of
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NameAddressPhone numberEmail	Please fill in your information.
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Date	
	Date

Thank you for your donation.

You may make your donation online with e-Transfer to attnregister@gmail.com or send a cheque made out to: Atlantic Therapeutic Touch Network and send to above address.