



Atlantic Therapeutic Touch Network
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DONATION FORM

I wish to make a donation to the Atlantic Therapeutic Touch Network:

Amount \$ _____

Option 1:

- 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 _____ 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 _____

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.