

yes, I want to support

**METCHOSIN
INTERNATIONAL
SUMMER SCHOOL
OF THE ARTS**

NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE

PHONE

EMAIL

payment (please do not mail cash)

I would like to make one payment of \$ _____

I would like to contribute
in 12 monthly installments of \$ _____

I have made out my cheque(s) to MISSA or

I wish to pay by credit card VISA MasterCard

CARD #

EXPIRY DATE

NAME ON CARD

AUTHORIZED SIGNATURE

MISSA Charitable Registration
0705947-20-28

thank you!

phone 250-391-2420

toll free in Canada 1-800-667-3122

missa.ca

METCHOSIN INTERNATIONAL SUMMER SCHOOL OF THE ARTS

650 PEARSON COLLEGE DRIVE, VICTORIA, BC, CANADA V9C 4H7

EMAIL: MISSA@PEARSONCOLLEGE.CA