



DONATION FORM

FIRST NAME* _____ LAST NAME* _____

STREET ADDRESS* _____

CITY* _____ PROVINCE* _____ POSTAL CODE* _____

EMAIL _____ TEL _____

*Required fields in order to issue a charitable tax receipt. Tax receipts will be issued for donations of \$20 and up.

DONATION AMOUNT \$200 \$100 \$50 \$25 OTHER: _____

I WOULD LIKE TO MAKE THIS A MONTHLY CONTRIBUTION: YES, THIS IS A MONTHLY DONATION

PAYMENT METHOD VISA MASTERCARD AMEX CHEQUE

NAME ON CARD _____

CARD NUMBER _____

EXPIRY _____ CVV _____

THIS DONATION IS IN HONOUR OF: IN MEMORY OF: _____

PLEASE SEND A DONATION ACKNOWLEDGEMENT CARD ON MY BEHALF TO:

RECIPIENT NAME _____

ADDRESS _____