

DONATION FORM

Ms. Mrs. Mr. Mme (Please check the box that applies)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Tel: () _____

E-mail: _____

DONATION INFORMATION:

Annual Donation Monthly Donor: on the 1st or 15th of each month (select one)
 Tribute Gift: Memorial In Honour Wedding Other _____ (select one)

AMOUNT: \$ _____ Visa MasterCard Amex Cheque # _____

Card Number _____ Exp. _____

Signature _____

I would like a tax receipt for my donation

FOR INTERNAL USE: Authorization # _____ LC Receipt# _____

TRIBUTE GIFT INFORMATION:

In Memory of: _____

In Honour of: _____

In Celebration of: _____

Acknowledgement to: _____

Address: _____

Message: _____



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