

# DONATION FORM

**Donor Information:**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home

Cell

Work

Email Address: \_\_\_\_\_

**Acknowledgement:** Individual Name(s): \_\_\_\_\_ Family Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Please Keep Donation Anonymous**Tax Receipt (if eligible):** Personal Company No Tax Receipt Required**Donation Information:**

Value: \$ \_\_\_\_\_ Description of Item(s): \_\_\_\_\_

Credit Card or Check Number : \_\_\_\_\_

Expiry Date:   Authorization Number: \_\_\_\_\_

MM

YY

**Donation Categories:** Equipment Service Gift-in-Kind Gift Certificate Cash Cheque Payroll Deduction Credit Card Pledge**OFFICE USE**Pick up or Delivery :     
DD MM YYYYReceipt Issued:     
DD MM YYYYDonation Acknowledged:     
DD MM YTo Accounting: \_\_\_\_\_  
InitialGift Works: \_\_\_\_\_  
InitialDC: \_\_\_\_\_  
Initial

Fund: \_\_\_\_\_

Campaign: \_\_\_\_\_

Appeal: \_\_\_\_\_

Solicitor: \_\_\_\_\_

**Notes:**

Form Completed By: \_\_\_\_\_