



## Donation Information Form

Date: \_\_\_\_\_

Category:    \_\_\_ In Memoriam    \_\_\_ General    \_\_\_ Children's Program  
              \_\_\_ In Honour        \_\_\_ Other:

In Memory/In Honour of (if applicable):

Donor Name/Business Name:

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

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

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**DONATION AMOUNT:**

ONE TIME: \_\_\_\_\_

MONTHLY: \_\_\_\_\_

**Payment Method:**

Visa    Mastercard    Cheque    Cash

**CREDIT CARD NUMBER**

**EXPIRY DATE: (MONTH/ YEAR)**

/

Donor Signature: \_\_\_\_\_

**NEXT OF KIN NOTIFICATION: (IF APPLICABLE)**

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

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

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_