



Date: _____

Donor's Name(s): _____

Name(s) to appear on Tax Receipt: _____

Mailing Address for Tax Receipt:

Street / Box: _____

Town: _____ Prov: _____ PC: _____

Phone Number: _____ Email: _____

Amount of Donation: \$ _____

Method of Payment (circle one):

Cash / Cheque / VISA / Master Card / Interac / eTransfer / PAD

For credit card transactions without terminal please complete below:

Name on card: _____

16 digit card #: _____

Expiry Date: M ____ Y ____

Signature: _____

Reason for Donation:

In Memory Of: _____

Card Recipient: _____

Thankful Patient of: _____

Tribute Gift

Radiothon

Christmas Campaign

Other: _____