



DONATION FORM

301-788 Marlee Ave., Toronto, Ont. M6B 3K1
Phone: 416-783-7554/Fax 416-783-5470
Phone: 514-483-6234

Date: _____ **Donation Amount: \$** _____

Name: _____ **Phone: ()** _____

Address: _____ **Apt/Suite:** _____

City: _____ **Prov:** _____ **Postal Code:** _____

Email: _____

Please charge my:

VISA # _____

American Express # _____

Mastercard # _____

Exp. Date: ____ **CVV:** ____ **Name on Card:** _____

Cheque enclosed.

I would prefer to receive my annual consolidated receipt by:

Email

Post