

Donation Form

Thank you. Your donation will help us care for our community

Step 1 - Donor Information

*required field

Date:

Are you Individual Donor Corporate Donor

If Corporate donor please state organization name: _____

Name *

Street Address* _____

Address Line 2 _____

City * _____ Province * _____ Postal Code * _____

Email * _____ Phone Number* _____

Alternate Number _____ Fax Number _____

Step 2 - Gift Information

*Gift Amount Canadian \$ _____ Is this a one time gift or a monthly gift

*Please direct my gift to _____

Is there anything else we need to know about your gift?

My donation is for In Memory of In Honour of Occasion for gift

Specify person or occasion _____
(if applicable)

Please mail acknowledgement of this gift to
Name

Street Address _____

Address Line 2 _____

City _____ Province _____ Postal Code _____

Step 3 - Payment Information

*Credit Card Type VISA MASTER CARD

*Credit Card # _____ *Name on Card: _____

Expiry Date * ____MM/YYYY____

Other Information

Tax receipts will be issued as per CRA guidelines. Tax receipts are issued for gifts of \$20.00 or more, a gift of \$500.00 or more is recognized in our Annual Report, unless requested otherwise.

I would like my gift to remain anonymous

I would like to receive periodic updates from Family Services of the North Shore

Charitable Registration #s: FSNS Foundation 86475575RR0001 * FSNS 119061240RR0001

