



Donor Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

General Donation

I would like to make a contribution in the amount of \$ _____ to:

- Children's Fund Christmas Programs Crown Ward Bursary
- Market 26 Summer Camp Volunteer Programs

In Memory/Tribute Gift

I would like to make a contribution in the amount of \$ _____

In Memory of: _____

Tribute (Birthday, Teacher's Gift, Anniversary, etc): _____

Please direct this gift to: *(Funds listed under General Donation)*

Acknowledgement to: *(Please provide the name and address of person(s) to be advised of your gift)*

Payment Details

- Cheque *(payable to The Children's Aid Society of Hamilton)* Tax receipt required Yes No
- Visa MasterCard AMEX

Name on Card: _____

Card Number: _____ Expiry: _____

Please return the completed form and payment to:

Communications & Development Unit, The Children's Aid Society of Hamilton
PO Box 1170, Depot 1, Hamilton ON L8N 4B9
Fax: 905-572-9733
Email: tsilvestro@hamiltoncas.com

YES, I would like to receive email correspondence from The Children's Aid Society of Hamilton.