

**DONATION FORM**

**Donor Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Address: |  | | | | |
| City, Province: | |  | Postal Code: | |  |
| Phone: |  | | Email: |  | |

**General Donation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I would like to make a donation in the amount of | | | | $       to: | | |
|  | Bursaries |  | Children’s Fund | |  | Holiday Programs |
|  | Market 26 |  | Summer Camp | |  | Volunteer Programs |

**In Memory/Tribute Gift**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I would like to make a donation in the amount of | | | | $ |
|  | In Memory of: |  | | |
|  | Tribute (Birthday, Teacher’s Gift, Anniversary, etc) to: | |  | |
| 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

[sbirett@hamiltoncas.com](mailto:sbirett@hamiltoncas.com)

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