

 **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

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