

## DONATION FORM

Date: \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Date Tax Receipt Issued:** \_\_\_\_\_

**Date Acknowledged:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Tax Receipt       Information

Amount \$ \_\_\_\_\_  Cash       Cheque       MC       VISA

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CV PIN (3 digit – back of card) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

In memory of:       Donation       Other

Memory of \_\_\_\_\_

ACKNOWLEDGEMENT SENT TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

OTHER – SPECIFY

Tax Receipt will be issued for donations

Empire Times Building  
Scleroderma Society of Ontario  
41 King William Street, Suite 203  
Hamilton, Ontario L8R 1A2