

Mr.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_



First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Amount: \_\_\_\_\_

Cheque or money order payable to Durham Children's Aid Foundation

Please charge the above amount to my credit card. (please complete credit card information below)

Credit Card information:

Visa



MasterCard



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

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Type of Donation:     General Donation         In Memory         In Honour

Gift in memory of: \_\_\_\_\_  
(name of deceased)

Gift in honour of: \_\_\_\_\_  
(name of individual)

Send acknowledgement card to:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_  
( e.g. Joan & Jack Smith)

Thank you for supporting the DURHAM CHILDREN'S AID FOUNDATION

Income Tax Receipts issued for donations of \$25.00 & above.