

DONATION FORM

Please complete this form and send to:

Donations

Fax (416) 218-0457

Or mail to: ABC Life Literacy Canada, 110 Eglinton Avenue East, Suite 604, Toronto, ON M4P 2Y1

DONATION TYPE

General Donation

In memory of: _____

In honour/celebration of: _____

DONOR INFORMATION

Mr. Mrs. Ms. Mr. & Mrs. Miss Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Email Address: _____

DONATION DETAILS

\$500 \$200 \$100 \$75 \$50 \$25 Other \$ _____

Cheque (please make payable to ABC Life Literacy Canada) OR VISA MasterCard

Card # _____ Expiry Date: _____

Signature: _____ Date: _____

If donation is made in memory or in honour/celebration, please send acknowledgement card to:

No card required

Please send acknowledgement card to:

First Name: _____ Last Name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Message on the card: _____

Card to be signed from (if different from above): _____

We acknowledge all donors on our Partners & Supporters page at <http://abclifeliteracy.ca/partners-supporters>. If you do not wish for your name to be included on our website, please check this box