

## Donation Form

<b>Donor Name (receiving tax receipt):</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Email:</b>
<b>Donation Amount: \$</b>

### Payment Information (credit card are 16 digits)

<b>VISA #</b> /       /       /       /	<b>Expiry Date:</b>
<b>MASTERCARD #:</b> /       /       /       /	<b>Expiry Date:</b>
<b>Name of Cardholder:</b>	

### Program Support: Please check appropriate areas.

- |                       |                          |                           |                          |
|-----------------------|--------------------------|---------------------------|--------------------------|
| After-School Programs | <input type="checkbox"/> | Fill a Knapsack           | <input type="checkbox"/> |
| Baby Bundles          | <input type="checkbox"/> | Elsie & David Palter Fund | <input type="checkbox"/> |
| Camp (General)        | <input type="checkbox"/> | Send a Kid to Camp        | <input type="checkbox"/> |
| Capital/Rebuild       | <input type="checkbox"/> | Third Party Event         | <input type="checkbox"/> |
| Christmas Sharing     | <input type="checkbox"/> | Youth Leadership          | <input type="checkbox"/> |
| City Summer Day Camp  | <input type="checkbox"/> | Where Needed Most         | <input type="checkbox"/> |

**Name of Fund/Event:** \_\_\_\_\_

**In honor/In memory of:**

**Message:**

### Acknowledgement Card Information

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Prov./State:</b>	<b>Postal/Zip Code:</b>
<b>Received by:</b>	<b>Date:</b>	