



# DONATION FORM

DATE: \_\_\_\_\_, 20\_\_\_\_

- IN PERSON
- E-MAIL

- MAIL
- PHONE

Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Dr. \_\_\_

\_\_\_\_\_  
(FIRST NAME) (Print Legibly) (LAST NAME)

\_\_\_\_\_  
(ORGANIZATION)

\_\_\_\_\_  
(Const. ID Number)

\_\_\_\_\_  
(ADDRESS) (SPOUSE FIRST NAME)

\_\_\_\_\_  
(Fund)

\_\_\_\_\_  
(CITY) (RESIDENCE PHONE #)

\_\_\_\_\_  
(Campaign)

\_\_\_\_\_  
(PROVINCE) (POSTAL CODE) (BUSINESS PHONE #)

\_\_\_\_\_  
(Appeal)

\_\_\_\_\_  
(EMAIL ADDRESS)

\_\_\_\_\_  
(Package)

**AMOUNT OF DONATION: \$** \_\_\_\_\_ **RECEIPTED AMOUNT: \$** \_\_\_\_\_

- Cash
- Cheque
- American Express
- MasterCard
- Visa
- Gift-in-Kind

**Credit Card #:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_/\_\_\_\_ (MM/YY)

**Name:** \_\_\_\_\_  
(as shown on card)

### **DONATION RECEIVED FOR:**

- GENERAL DONATION
- SPECIFIED DONATION: PURPOSE: \_\_\_\_\_
- OTHER: \_\_\_\_\_

### **ACKNOWLEDGEMENT (If required) SENT TO:**

\_\_\_\_\_  
(FAMILY NAME) (RELATIONSHIP to the deceased/honoured person)

\_\_\_\_\_  
(ADDRESS) (IN MEMORY)

\_\_\_\_\_  
(CITY) (IN HONOUR)

\_\_\_\_\_  
(PROVINCE) (POSTAL CODE) (OCCASION)

### **How Did Donor Hear About SMD / Easter Seals?**

- Newspaper
- Radio
- Via Direct Mail
- Special Event
- Name of Paper:
- Name of Station:
- Name of Campaign:
- Name of Event:

**COMPLETED BY:** \_\_\_\_\_