

DONATION *form*

CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Other _____

First Name _____ Last Name _____

Address _____

City _____ Prov _____ Postal Code _____ Country _____

E-mail _____ Phone _____

Company Name _____

For your tax records:

If you provide a valid, legible email address, you will receive an electronic acknowledgement of your donation.

If you do not provide a valid, legible email address, and your donation was \$50 or more, you will receive a printed acknowledgement mailed to the address provided here.

I do not wish to receive additional electronic communications *(other than my acknowledgement)*.

DONATION INFORMATION

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

DONATE
online
at creatingalternatives.ca

EVENT INFORMATION **(required to properly process your donation)**

Event Name: _____

Please credit this donation to:

Event Participant _____

Fundraising Team _____

Event (no specific participant or team) _____

BILLING INFORMATION

Cheque (please make payable to 'Creating Alternatives Day Program') # _____

Visa Mastercard Cash

Card # _____ Billing Address _____
(last 4 digits if Square) *(if different than above)*

Exp. Date ____/____ Card ID # _____

ALL DONATIONS ARE TAX DEDUCTIBLE and directly benefits Creating Alternatives programming.

Send completed forms with payment to:

Creating Alternatives | 4300 Steeles Ave W, Unit 18 | Vaughan, ON L4L 4C2
P 905-264-9007 | F 905-266-0713 | creatingalternatives.ca

Registered Charity No: 86416 8711 RR0001

