

## **DONATION FORM**

Please print and complete this form then mail to: The Salvation Army - 2 Overlea Blvd, Toronto, ON M4H 1P4

DONATION TYPE	
☐ General Donation (one-time gift)	
☐ Monthly Donation	
☐ In Memory of:	
☐ In Honour of:	
DONOR INFORMATIO	
Organization Name (if applicable):	
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:	<del></del>
First Name: Last Name:	
Address:	Suite:
City:Province:	
Telephone:Email:	
□ I allow The Sa	alvation Army Canada to contact me by email
DONATION DETAIL           □ \$100         □ \$75         □ \$50         □ \$25         □ Other: \$	
☐ Cheque (please make payable to The Salvation Army)	<del></del>
☐ Visa ☐ Mastercard ☐ American Express	
2 visa Evidasteredia Evimenedii Express	
Credit Card #:	Expiry Date:
Credit Card #:Signature:	
Signature:  Name (as it appears on credit card):	r more, or upon request.
Signature:  Name (as it appears on credit card):  Your donation is tax-deductible. Tax Receipts will be issued for donations of \$20.00 or	r more, or upon request.
Signature: Name (as it appears on credit card):  Your donation is tax-deductible. Tax Receipts will be issued for donations of \$20.00 or  ACKNOWLEDGEMENT (	r more, or upon request.
Signature:	CARD vledgment card to:
Signature: Name (as it appears on credit card): Your donation is tax-deductible. Tax Receipts will be issued for donations of \$20.00 or ACKNOWLEDGEMENT (	CARD vledgment card to:
Signature:	CARD vledgment card to:Suite:

## Charitable Registration # 10795 1618 RR0001