



DONATION FORM

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Name of Donor
Address	
Telephone	Email Address
Tax Receipt Required? YES <input type="radio"/> NO <input type="radio"/>	
DONATION DETAILS	
<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Credit card – MC <input type="radio"/> Credit card – Visa	
Name on card _____ Credit card no. _____ Expiry date _____ CV Number _____	<div style="border: 1px solid black; width: 150px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> \$ </div>
<input type="radio"/> Gift in Kind: _____ (Receipts must be attached for all Gifts In Kind requiring a tax receipt). (Please sign declaration below)	
Program Event	
<input type="radio"/> Christmas Hampers (No. _____)	<input type="radio"/> Daycare _____
<input type="radio"/> General: _____	<input type="radio"/> Other: _____

I, _____, declare that the value of donation
 (incl. goods) is \$ _____.

Signature of Donor _____ Date _____

Donation received by _____ Date _____