

DONATION FORM

Thank you for your donation!

Please complete the form below as accurately as possible.

Please note: All in-kind donations must be brand new items. Please refer to our wish list.

| Date of Donation: Check one: Individual or Organization Organization Name: | n | OFFICE USE: Date received: |
|---|---|--|
| *Full Name of Key Contact: | | DONOR please note, all drop offs must be confirmed in advance. |
| *Address: | *City: | Date of Drop off: |
| *Province: *Postal Code: | *Phone: | Approximate time: |
| Email: | | Office hours Monday-Friday |
| Please send acknowledgement via: Email | or Traditional Mail | 9am-4:30pm except holidays |
| By checking this box, I agree to receive electronse messages will include newsletters, e-blase | sts, and event invitations. I can | opt-out at any time. |
| Is this donation in honour or in memory of some In Honour In Memory of: Yes, please send acknowledgement to honor Check if this donation is from an organized for | uree to the address below: | |
| Check if this donation is from an organized f Name of Event: | • | |
| Date of Event: | | |
| Donation Information: | | |
| Wishlist Items: *All items must be new/unopened* Description of items: | Gift Certificates Store: Value: Financial donation | |