

DONATION FORM

Date: _____

Date Processed: _____

Date Tax Receipt Issued: _____

Date Acknowledged: _____

Name _____

Address _____

City _____ Prov _____ PC _____

Phone _____ E-Mail _____

() Tax Receipt () Information

Amount \$ _____ () Cash () Cheque () MC () VISA

Credit Card # _____

Expiration Date _____ CV PIN (3 digit – back of card) _____

Name on Card _____

Signature _____

() In memory of: () Donation () Other

Memory of _____

ACKNOWLEDGEMENT SENT TO:

Name: _____

Address: _____

City: _____ Prov _____ PC _____

OTHER - SPECIFY

Tax Receipt issued for donations over \$25.00

Empire Times Building
Scleroderma Society of Ontario
41 King William Street, Suite 202
Hamilton, Ontario L8R 1A2