



## Donation Form

Name:

Address:

City:

Province:

Postal Code:

Date:

E-mail:

### I would like to help by giving:

\$50.00       \$100.00       \$200.00       Other:

### Please direct my donation as follows:

General  
 Specific:

### My donation is a:

Personal  
 Memoriam: In Memory of:  
 Tribute:      To      in honor of  
 Other:

### Payment Options: *(please choose one gift option)*

Cheque (Payable to Vanier Children's Services)      Amount: \$  
 Mastercard       Visa      Amount: \$  
Card Number:      Expiry :

Signature:      Date:

For more information on our privacy policy, please contact Joanne Sherin, Privacy Officer

Charitable Number: 107653321 RR 0001

A charitable receipt will be issued for tax purposes.

This form may be e-mailed to [ssimms@vanier.com](mailto:ssimms@vanier.com)

by fax to (519) 433-1302

by mail to: 871 Trafalgar Street, London, ON N5Z 1E6 Attn: Sherri Simms