



## DONATION FORM

Donor / Receipt Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I WOULD LIKE TO INVEST IN OAKVILLE'S CHILDREN AND FAMILIES, THROUGH A ONE-TIME GIFT TO THE OAKVILLE PARENT-CHILD CENTRE OF:**

- \$10
- \$25
- \$50
- \$100
- \$200
- other amount : please specify \$\_\_\_\_\_

**Please check this box if you would like your gift to remain anonymous.**

**PLEASE INDICATE HOW YOU ARE MAKING YOUR GIFT:**

Cheque (made payable to Oakville Parent-Child Centre)       Cash

On-line donation; **www.canadahelps.org**

Credit Card (\$10.00 minimum) → → → →     VISA     MasterCard

Credit Card# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Expiry Date \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name on card (please print)

\_\_\_\_\_  
Signature

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Installment payment option: ***Credit cards only please.*** (Minimum \$10.00 per installment)

\$ \_\_\_\_\_ as my/our commitment over 1 year (12 months), paid as follows:

Date of first gift will be \_\_\_\_\_

\$ \_\_\_\_\_ in **monthly** installments    or \$ \_\_\_\_\_ in **quarterly** installments  
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Please send this form along with your cheque to the attention of:  
**Charitable Donations, Oakville Parent-Child Centre,  
461 North Service Road West, Unit 17, Oakville, ON L6M 2V5**

If you are making a donation by credit card, you may mail in this form or FAX it to 905-849-6377.

If you have any questions about filling out this form, please contact Chris Cifarelli or Kim Richardson at 905-849-6366. Tax receipts will be issued within 30 days. Charitable reg. #107-790-693