



# Donation Pledge Form

Mr.  Mrs.  Ms.  Dr. (Please print clearly)

I wish my gift to remain anonymous

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Yes, I would like to make a donation!**

\$10     \$25     \$50     \$100     other \$ \_\_\_\_\_

**Payment Information:**

- cash (in person only)
- cheque (made payable to Oakville Parent-Child Centre)
- online donation at [www.canadahelps.org](http://www.canadahelps.org)
- VISA     MASTERCARD    Card No. \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Donations of \$25 or more will receive an official tax receipt

3 Digit validation code:    /    /   

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yes, I would like to become an Oakville Parent-Child Centre Champion through pre-authorized payment!** (minimum \$10 per installment)

From my:  Credit Card (fill out credit card information below) OR  Bank Account (please attach a blank cheque, marked VOID)

I/We \_\_\_\_\_ authorize Oakville Parent-Child Centre to process a debit, in paper, electronic or other form in the amount of \$ \_\_\_\_\_ from my (our) account # \_\_\_\_\_ on the first day of each month  
MONTHLY TOTAL

beginning \_\_\_\_\_, \_\_\_\_\_  
MONTH                      YEAR

I/We acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your donation will help us provide programs and services to Oakville's youngest members of the community and their parents.**

*thank you!*

Oakville Parent-Child Centre | 461 North Service Road West, Unit 17 | Oakville, ON L6M 2V5 | Fax: 905-849-6377