



# DONATION FORM

## 1 YOUR INFORMATION

Name: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

I wish to remain anonymous.\*

Sign me up for email updates.

## 2 DETAILS

Donation Amount

Make a Monthly gift

- \$50.00
- \$100.00
- \$300.00
- Other: \_\_\_\_\_

- \$15.00
- \$25.00
- \$50.00
- Other: \_\_\_\_\_

For how many months?

## 3 PAYMENT

Cheque Card Number: \_\_\_\_\_

Visa Name on Card: \_\_\_\_\_

MasterCard Expiration Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

(Three digit code on back of Card)  
THIS IS NOW MANDATORY

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

Mail completed form to:

DONATIONS  
Family & Children's Services of Frontenac, Lennox and Addington  
817 DIVISION STREET  
KINGSTON, ON K7K 4C2  
613-545-3227

CHARITABLE REGISTRATION NUMBER: 11901 3332 RR 0001 • CHARITABLE RECEIPTS WILL BE ISSUED FOR DONATIONS OVER \$20.00

\*Your name and address will still be required for your charitable receipt, no information will be published about your donation.

\*Cash donations not spent for the Tree of Hope at Christmas will be directed to the Enrichment Fund to send deserving kids to summer camp.