

Donation Form

Donor Contact Information (required for tax receipts)

Title: Miss/Mrs./Ms./Mr. _____ Donation Amount: _____
First Name: _____ Last Name: _____
Company Name (if donation is being made by a company): _____
Street Address: _____
City/Prov: _____ Postal Code: _____
Day Phone: _____ Evening Phone: _____
Email: _____

Payment Information

Visa Mastercard Amex Credit Card # _____
Expiry: _____ / _____ CSC/CVV: _____
Name on Credit Card: _____
Total amount chargeable: \$ _____
Signature: _____
 Cheque enclosed made payable to **Mississauga Foundation**
 Please contact me to discuss other giving options (securities, bequests, insurance, etc.)

Special Instructions

Please add my gift to the following Fund (if appropriate): _____
This gift is In Memory of or In Honour of: _____
In Memory Name _____ In Honour Name: _____
For In Memory or In Honour of gifts, please send an acknowledgement to:
Name: _____
Address: _____
City/Prov: _____ Postal Code: _____

I wish to remain anonymous and receive no public recognition of my gift

Additional Comment: _____

Tax receipts will be issued for gifts of \$20.00 or more

Mississauga Foundation
16M -1100 Central Parkway West, Mississauga, ON L5C 4E5
Phone: 905-897-8880
Charitable BN: 892395112 RR0001