



Donation form

I would like to:

- make a personal donation
 donate on behalf of an organization: _____

Title: Mr. / Mrs. / Ms. / Miss / Dr. (please circle)

First Name: _____ Last Name: _____

Contact info for tax receipt

Home Work

Address: _____

City/Town: _____ Province: _____

Postal Code _____ Phone: (____) _____ -

Email: _____

Amount & Payment Method:

- One-time gift of \$ _____
 Monthly gift of \$ _____ on the 15th of each month to support WoodGreen all year long, starting 15th day/_____/____ (15/mm/yy)
 I have enclosed a cheque marked "Void"
 Please deduct this amount from my credit card

I prefer to pay by:

- Visa MasterCard American Express Cheque (payable to The WoodGreen Foundation)

Credit card #: _____

Cardholder: _____

Expiry date: ____ / ____ Signature: _____
mm yyyy

I wish to direct my gift towards: Greatest Need Program _____

My gift is in memory / honour of:

Mr. / Mrs. / Ms. / Miss / Dr. _____

Please acknowledge my gift with a note to: Mr. / Mrs. / Ms. / Miss / Dr.

First Name: _____ Last name: _____

Address, City, Province, Postal Code:

- I want my gift to be anonymous
(you will still receive a charitable donation receipt)

Please complete and return to:

The WoodGreen Foundation
815 Danforth Avenue, Toronto, ON M4 J 1L2

Fax: 416.572.0066

Call 416.645.6000 ext. 4005

wecare@woodgreen.org

Charitable Registration #8910 38507 RR0001

www.woodgreen.org