



DONATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

By providing Niagara Children's Centre with your email address, you are giving permission for the Centre to contact you via email regarding Centre activities and donation information. You may unsubscribe at any time.

I would like to:

Make a one-time donation

Join the monthly-giving club

Donation amount:

\$25.00 \$50.00 \$100.00 \$200.00 Other: \$_____

For monthly donations please select the amount to be given each month. The amount will be debited from your bank account or charged to your credit card on the 1st of 15th of every month.

Payment Method:

Credit Card

Cheque (Please provide a VOID
cheque if monthly gift)

Cash

Card No: _____

Expiry: _____ CVV: _____

Signature: _____ Date: _____

I would like my gift to be:

In honour of: _____ In memory of: _____



Please mail or drop off your donation form to:

Development Office
Attn: Pam Sharp
Niagara Children's Centre
567 Glenridge Avenue
St. Catharines, ON L2T 4C2



Charitable Registration Number:
12342 8799 RR0001

A tax receipt will be issued for donations of
\$20 or more.
If you have any questions, please call Pam at
905-688-1890 x106