



Donation Form

Name: _____
Address: _____
Province: _____ Postal Code: _____
Home Phone: _____
*Email: _____

Date: _____
City: _____
Work Phone: _____
Cell Phone: _____

I WOULD LIKE TO MAKE A ONE TIME GIFT

\$25 \$50 \$100 \$200 Other \$ _____
 Visa Mastercard

Card No.: _____

Exp. Date: ____/____/____ CVV Number: _____

Signature: _____

Date: _____

OR enclose a cheque payable to **Niagara Children's Centre**

I WOULD LIKE TO JOIN THE MONTHLY GIVING PROGRAM "Help Kids Shine Club"

\$10/month \$15/month \$25/month \$40/month Other \$ ____/month
 Visa Mastercard

Card No.: _____ Exp. Date: ____/____/____ CVV Number: _____

Signature: _____

Date: _____

OR enclose a blank VOID cheque. I authorize Niagara Children's Centre to deduct the amount specified from the account number on the cheque:

Signature: _____

Date: _____

The amount will be debited to the bank account each month, or charged to the credit card each month. You can cancel at any time with 30 days written notice. (Note: A tax receipt will be issued after the end of each calendar year for monthly donors.)

RECOGNITION:

- Please include my name for recognition purposes as follows: _____
 I would like my gift to be anonymous

I WOULD LIKE MY GIFT TO BE A MEMORIAL OR TRIBUTE GIFT:

- In honour of: _____ OR In memory of: _____

*By providing Niagara Children's Centre with your email address you are giving permission for the Centre to contact you by email regarding Centre activities and donation information.

Please mail or drop off your donation form to
Niagara Children's Centre, Development Office
567 Glenridge Avenue, St Catharines, Ontario L2T 4C2
Or scan and email to marla.smith@niagarachildrenscentre.com

Charitable Registration Number: 12342 8799 RR0001
A tax receipt will be issued for donations of \$20 or more.
Please do not mail cash. If you have any questions, please call
905-688-1890 x106.

Thank you for your support!