

DONATION FORM

□ Mr. □ Ms. □ Mrs.				
Name:				
Organization	n:			
Address:				
City:				Postal code:
Telephone:				Email:
☐ Individual gift ☐ Cor		☐ Corpor	ate gift	
☐ I would lil	ke to make a	one-time gift t	o Little Broth	ers:
Amount:	□ \$ 250	□ \$100	□ \$50	☐ Other \$
By cheque (n	nade out to Li	ttle Brothers)		
By credit card: ☐ Visa		□ Visa	☐ Master(Card
Card number:				Expiry:
☐ I would like to make a monthly donation to Little Brothers:				
Amount:	□ \$ 10	□ \$15	□ \$20	□ Other \$
On the:	n the:			
You can change the amount of your monthly gift at any time by calling Little Brothers or writing to give@littlebrothers.ca.				
☐ This gift is	in memory /	in honour of		
Name:				
Please send an acknowledgement card to:				
Name:				
Address:				
				Postal code:
Variou	to know more us volunteering aising activities	g programs at Li	ttle Brothers	

Receipts issued for donations of \$20 or more. Charitable Reg. #119017259 RR0001

☐ Bequests and other forms of planned giving