

DONATION FORM

DONOR INFORMATION

Mr Mrs Ms Dr First Name: _____ Last Name: _____

Company/Organization (if applicable): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

GIVING OPTIONS

Enclosed is my: **Monthly Gift** **Single Gift**

In the amount of: \$10 \$25 \$50 \$100 Other \$ _____

PAYMENT OPTIONS:

CHEQUE/BANK ACCOUNT

Single Gift

Cheque (Please enclose your cheque payable to Kids Help Phone)

Monthly Gift

Please debit my bank account.
My cheque marked VOID is enclosed.

Signature: _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I agree to waive my right to receive pre-notification of any debits under this agreement. I acknowledge that I can request to make changes to the amount noted above simply by contacting Kids Help Phone at 1-800-268-3062.

CREDIT CARD (for single or monthly gift)

MC VISA AMEX

Credit Card #: _____

Expiry date: (m) _____ (y) _____

Name on card: _____

Signature: _____

Gifts In Honour of Someone Special

In Memory of: In Honour of: _____

From: _____

Mail card to: Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Message / Special Instructions: _____

Mail to: Kids Help Phone 300 - 439 University Ave, Toronto, ON M5G 1Y8

1-800-268-3062 | kidshelpphone.ca | donorservices@kidshelpphone.ca

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