

# 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](http://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](http://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](http://kidshelpphone.ca) | [donorservices@kidshelpphone.ca](mailto:donorservices@kidshelpphone.ca)

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