



**REBUILDING
SHATTERED
LIVES.**

DONATION FORM

NAME : _____

Address _____

City _____ Postal Code _____

Phone No. _____ E-mail Address: _____

Please accept my donation of (please circle):

\$36.00 \$54.00 \$72.00 \$100.00 \$180.00 \$500.00

Other \$ _____ Payment: Visa Mastercard Amex Cheque

Credit Card No. _____ Expiry Date _____

Please send out an acknowledgment card on my behalf.

Send To: _____

Address _____

City _____ Postal Code _____

Message: _____

Occasion: _____

For Office Use Only:

Approval No. _____

Order Date:	Date Sent:	Date Payment Received:
----------------	---------------	---------------------------

Please return to:
One Family Fund Canada
800-2 St. Clair Ave E
Toronto, Ontario M4T 2T5

Fax: 416-644-4956