



**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:
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Please return to:  
One Family Fund Canada  
36 Eglinton Ave. West, Suite 600  
Toronto, Ontario M4R 1A1

Fax: 416-489-9864