

## DONATION FORM

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Donation Amount:\$ <b>(One Time Donation)</b>	Cheque Enclosed: Cash Enclosed:	Cheque payable to: Saint Luke's Place
Please charge my VISA or Master Card: #		Exp. Date:
Signature:		
<b>Regular Monthly Donation:</b> Processed on the 15 <sup>th</sup> of every month	Please indicate amount: _____ \$15 (minimum \$15/month) _____ \$20 _____ \$25 _____ \$50 _____ \$other – please specify	
Type of Donation: Please indicate	<ul style="list-style-type: none"> <li>● <i>Welcome home Capital Campaign:</i> _____</li> <li>● General: _____</li> <li>● Designated: _____ (please specify)</li> <li>● Memorial Donation: _____ In Memory of: _____</li> </ul> <p>Would you like your Memorial Donation Acknowledged to the Family? _____ yes _____ no</p> <ul style="list-style-type: none"> <li>● Other Campaign: _____</li> </ul>	
Is there any other information or special instructions you would like to tell us?		

1624 Franklin Blvd., Cambridge, Ontario N3C 3P4

Telephone: 519-658-5183, Fax: 519-658-2991

Email: [seniorscoordinator@saintlukesplace.ca](mailto:seniorscoordinator@saintlukesplace.ca)

Charitable Organization Number: 119132504 RR0001

Personal Information is collected for the purpose of donor relations and gift acknowledgement