

DONATION FORM

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Donation Amount:\$ (One Time Donation)	Cheque Enclosed: Cash Enclosed:	Cheque payable to: Saint Luke's Place
Please charge my VISA or Master Card: #		Exp. Date:
Signature:		
Regular Monthly Donation: Processed on the 15 th 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"> ● <i>Welcome home Capital Campaign:</i> _____ ● General: _____ ● Designated: _____ (please specify) ● Memorial Donation: _____ In Memory of: _____ <p>Would you like your Memorial Donation Acknowledged to the Family? _____ yes _____ no</p> ● Other Campaign: _____	
Is there any other information or special instructions you would like to tell us?		

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Email: info@stlp.ca

Charitable Organization Number: 119132504 RR0001

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