



DONATION FORM

Give online at www.HelpTreeofHope.ca

1 YOUR INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (____) _____

Email Address: _____

I wish to remain anonymous.*

Sign me up for email updates.

2 DETAILS

TREE OF HOPE* ENRICHMENT FUND WHERE NEEDED MOST

Make a one-time gift...

- \$50.00
- \$100.00
- \$300.00
- Other: _____

Make a Monthly gift...

- \$15.00
 - \$25.00
 - \$50.00
 - Other: _____
- For how many months?

3 PAYMENT

- Cheque Card Number: _____
- Visa Name on Card: _____
- MasterCard Expiration Date: ____/____ CVV _____ (Three digit code on back of Card) THIS IS NOW MANDATORY
- Signature: _____

Mail completed form to:

DONATIONS
 Family & Children's Services of Frontenac, Lennox and Addington
 817 DIVISION STREET
 KINGSTON, ON K7K 4C2
 613-545-3227

CHARITABLE REGISTRATION NUMBER: 11901 3332 RR 0001 • CHARITABLE RECEIPTS WILL BE ISSUED FOR DONATIONS OVER \$20.00

*Your name and address will still be required for your charitable receipt, no information will be published about your donation.

*Cash donations not spent for the Tree of Hope at Christmas will be directed to the Enrichment Fund to send deserving kids to summer camp.