

Casual Day Donation Form

Date: _____

Full Name: _____

Street Address: _____

City, Province: _____

Postal Code: _____

Donation Amount: _____

Donation Enclosed? Cheque Cash

Donate by Credit Card: Visa Mastercard American Express

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

Scan and email this form, or mail/drop it off to our address above. Tax receipts will be issued for donations of \$20 or more. Thank you!

Questions? Please contact:

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