



## Port Cares Donation Form

Please complete all sections of this form. If you wish to donate anonymously, please leave the 'contact information' section blank.

### Contact Information

---

Full Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

### Use My Gift to Help

---

- |   |   |
|---|---|
| <input type="checkbox"/> Greatest Need and General Fund | <input type="checkbox"/> Housing and Homelessness Initiatives |
| <input type="checkbox"/> School Lunch Kit Program       | <input type="checkbox"/> Reach Out Centre                     |

### Donation Amount

---

\$10    \$25    \$50    \$100   Other Amount \$ \_\_\_\_\_

### Payment Information

---

Cash    Cheque # \_\_\_\_\_    Debit    Credit Card

Tax receipts will be issued for monetary gifts over \$25.00 or otherwise requested. Proof of purchase is required for in-kind donations requesting a tax receipt.

\_\_\_\_\_  
**Signature of Donor**

\_\_\_\_\_  
**Date**

92 Charlotte St. and 61 Nickel St. Port Colborne, Ontario  
 Charitable Registration # 119096493RR0001

Tel. 905-834-3629

[www.portcares.ca](http://www.portcares.ca)

Fax: 905-835-6600

Deposit Date \_\_\_\_\_

Batch Number \_\_\_\_\_  
 Tax Receipt Number \_\_\_\_\_