



Port Cares Donation Form

92 Charlotte St. and 61 Nickel St. Port Colborne, Ontario
Tel. 905-834-3629 Fax: 905-835-6600 www.portcares.ca
Proudly serving our community for 30 years.

Donor Information: (Port Cares will keep the information you provide confidential)

Date: _____

Name: _____ Company name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email address : _____ I would like to receive Port Cares updates/news Y / N

Apply my gift to:

Where most needed Reach Out Centre (Foodbank & Meal Program) Education & training

Housing Assistance Children & Youth Other _____

Your gift will be applied to the program where it is most needed unless you specify otherwise.

My monetary donation is: \$

Cash Cheque # _____ Debit Visa MasterCard Monthly (pre-authorized debit available)

My In Kind Donation is : new or used retail value: \$ _____ proof of purchase: Y / N

Gift card(s): _____

Food: _____ #of lbs.: _____

Other: _____

Notes: _____

Signature of Donor: _____ **Staff:** _____

Please make your cheque payable to Port Cares. Tax receipts will only be issued if requested for monetary gifts over \$25.00 and for in kind donations of new items with proof of purchase.

Do you require a Tax receipt? Donor Signature _____ Charitable Registration # 119096493RR0001

This donation is in honour of / in memory of / occasion _____

If you require a card to be sent to the person you are honouring please note their full name & address below:

Thank You For Your Support!

Office use only:

deposit date: _____

acknowledgement letter Y/N

receipt issue date & # _____