



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 |

Gift Memo (*In Memory Of*): _____

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 (including gift cards) requesting tax receipts.

Signature of Donor

Date

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

Tel. 905-834-3629

www.portcares.ca

Fax: 905-835-6600

Deposit Date _____

Batch Number _____
Tax Receipt Number _____