



ADOPT-A-SENIOR FORM

DONOR INFORMATION

TITLE: _____ FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK / CELL PHONE: _____

EMAIL ADDRESS: _____

I WANT TO ADOPT _____ SENIOR/S AT \$20 EACH FOR A TOTAL OF \$ _____

or

I WANT TO DONATE \$ _____

Cheque *Please make cheques payable to LOFT Community Services*

VISA MASTERCARD

CARD HOLDER NAME: _____

CARD NUMBER: _____

EXPIRY DATE: _____ SIGNATURE: _____

AN OFFICIAL TAX RECEIPT WILL BE ISSUED FOR ALL GIFTS OVER \$10.

LOFT COMMUNITY SERVICES

15 Toronto Street, 9th Floor

Toronto, ON M5C 2E3

TEL: 416-979-1994

FAX: 416-979-3028

www.loftcs.org