



# DONATION FORM

## DONOR INFORMATION

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK / CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

## DONATION INFORMATION

PLEASE USE MY DONATION WHERE IT IS NEEDED THE MOST

PLEASE DESIGNATE MY GIFT TO A SPECIFIC PROGRAM: \_\_\_\_\_

DONATION AMOUNT: \_\_\_\_\_

PAYMENT METHOD:  VISA  MASTERCARD  CHEQUE ENCLOSED (mail only)

CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I WISH TO REMAIN ANONYMOUS

**MAIL TO:** LOFT Community Services  
15 Toronto Street, 9th Floor  
Toronto, ON  
M5C 2E3

**OR FAX TO:** 416-979-3028

# THANK YOU!