



# TRIBUTE GIFT FORM

## DONOR INFORMATION

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

ADDRESS \_\_\_\_\_

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

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

## DONATION INFORMATION

I WOULD LIKE TO DEDICATE THIS GIFT:

IN MEMORY OF \_\_\_\_\_  
(name)

IN HONOUR OF THE \_\_\_\_\_ OF \_\_\_\_\_  
(occasion) (name)

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

PAYMENT METHOD:  VISA  MASTERCARD  CHEQUE ENCLOSED (mail only)

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

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

PLEASE SEND A CARD ACKNOWLEDGING MY GIFT TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

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

**THANK YOU!**