

# Donation Form

*Note: Financial gifts received by the Centre support its on-going ministry. Any monetary contribution of $20 or more will be eligible for a tax receipt.*

## Donor Information

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| --- |
| DONOR’S NAME NAME (LAST, FIRST, M.I.) (BUSINESS NAME if applicable) |
| STREET ADDRESS | CITY, PROVINCE, POSTAL CODE |
| EMAIL | PHONE NUMBER |
|  | ALTERNATE PHONE |

## Donation Description

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| **IF ONE-TIME DONATION**Via In-Person: o CASH o CREDIT/DEBIT CARD o ETRANSFER o CHEQUE Via Phone:  o MASTER CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_ o VISA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_ |
| **IF RECURRING DONATION MONTHLY *(AUTHORIZATION FOR 1 YEAR FROM DATE SIGNED)***CHECK ONE: o MASTER CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_ o VISA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_ SIGNATURE OF CONSENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| AMOUNT  | DATE |
| *IF PRODUCT ITEM OR SERVICE IS BEING DONATED, KINDLY INDICATE THE ESTIMATED AMOUNT OF THE DONATED ITEMS (ITEM DESCRIPTION)* | AMOUNT |
| NOTES  |

***THANK YOU FOR YOUR DONATION.***

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FCJ Staff Name and Signature