Logo, company name

Description automatically generated

# 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

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| **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