



Charitable Donation Form

Please complete this form and mail it with cheque(s) to the address below.

Please Print Clearly

Type of Donation

In Memoriam In Honour Monthly Supporter Fixed Amount Other _____

Name of Donor:

Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ P.C: _____

Telephone: Home () _____ Work () _____

Email address _____

Payment Details: \$ 100 \$75 \$50 \$25 **Other:** _____

I wish to make monthly donations of \$ _____ (Please include post-dated cheques)

Please make your cheque(s) payable to: **Learning Disabilities Association of Halton**

Name of Person to Receive Acknowledgment Card:

Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ P.C: _____

Telephone: Home () _____ Work () _____

Message: _____

The Learning Disabilities Association of Halton-Hamilton does not receive sustainable government funding, so is dependent upon the generous support of donors to fulfill its mission. The Association collects your personal information in order to process your donation and to issue a tax receipt. For more information about our privacy practices visit our website. Tax Receipts are issued for donation of \$25.00 or more.

LDA Halton-Hamilton is a registered charity with Canada Revenue Agency.

Charitable Registration Number 11901 0387 RR0001

I would like information on: Volunteering Board of Directors Newsletter Workshops/Programs