

Donor Information:

Title: Mr. Mrs. Ms. Miss Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Anonymous Recognition Name (If different than above) _____

Gift Amount:

\$500 \$250 \$100 \$50 \$25 Other : _____

This is a: One Time Gift Monthly Donation

If you chose Monthly Donation, please specify start date: _____ mm / yyyy

Automatic monthly donations will be billed the 1st of each month and will continue until Calgary Meals on Wheels is notified of change. You can change or cancel your donations at anytime.

Donation Method:

Cash Cheque Money Order Visa M/C

Credit Card #: _____ Exp. Date: _____ mm / yy CVW #: _____

Name on Card (please print): _____

Signature: _____ Date: _____ dd / mm / yyyy

I would like to designate my donation to:

Area of Greatest Need Client Support Hot Soup School Program

I would like more information about leaving a gift in my Will.

Please add me to your mailing list.

EVERY THOUGHTFUL GIFT IS MOST APPRECIATED. THANK YOU VERY MUCH FOR YOUR EXPRESSION OF SUPPORT.

A receipt for income tax purposes will be issued for donations \$10.00 and over.
Monthly Donors will be issued a yearly tax receipt at the end of the year.