



DONATION FORM

Please complete the following for tax receipt purposes:

Your Name or Business Name: _____

Contact Name: _____

Address: *(street, city, province, postal code)* _____

Email: _____

Phone: () _____

Signature: _____

Total amount pledged:	\$
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Amount Enclosed: \$	Balance Owing: \$	Balance to be paid by:
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Please designate my gift to:

- Dufferin Vision Fund (general purpose endowed fund)
- Operating Fund (to help cover operating costs)
- I would like to start my own fund (contact me for more information)

Method of payment and receipting:

- Cheque to Dufferin Community Foundation
- E-transfer directed to info@dufferincommunityfoundation.ca
- Please send me a charitable receipt

- I wish to remain anonymous in my giving

Would you like to learn more about Dufferin Community Foundation?

Please send me information regarding the following:

- | | |
|---|--|
| <input type="checkbox"/> I am interested in finding out more about starting my own fund | <input type="checkbox"/> How do I include the Foundation in my estate planning? |
| <input type="checkbox"/> I'd like to find out more about giving the gift of life insurance | <input type="checkbox"/> What are other ways I can give? (gifts of securities/stock) |
| <input type="checkbox"/> I would like to get involved on a committee or volunteer in other ways at the Foundation | |