

## **Tribute/Memoriam Donation**

☐ Yes, I want to help bring independence to people with physical disabilities								
Please fill in all info Attention: Fund De March of Dimes Ca	velopment	ail or	fax it to our o	ffice:				
202-885 Don Mills Rd								
Toronto, ON M3C 1V9								
Fax#: 416-425-1920   Email: donorservices@marchofdimes.ca   Web: www.marchofdimes.ca								
My Personal Information								
Title:	First Name:					Last Name:		
Street Address (#, street, suite/apt):								
City:		Prov/State:		Postal/Zip Code:		Country:		
Home phone:		Work Phone:				E-mail Address:		
Type of Donation								
☐ Tribute Donation – in honour of: ☐ Memorial Donation – in honour of:								
Full Name of the Person you wish to receive a card on your behalf:								
Address to send card to:								
Country		Province/State				Postal/Zip Code		Zip Code
Tribute/Memorial Donation								
I would like to make a donation now in the amount of:								
\$25 \$35 \$50 \$100 \$250 Other amount \$								
Payment Options								
I would like to pay by Credit Card: □VISA □MasterCard □AMEX								
Card Number					Expiration Date			
Cardholder name (exactly as shown on card)  Cardholder Signature (please sign after printing form)							n after printing form)	
I would like to pay by:  Cheque or Money Order  Please find enclosed a cheque or money order in the amount of: \$00								
☐Do not trade my name ☐Do not solicit me by mail ☐Do not solicit me by phone ☐Solicit me once a year								
Receipts for gifts of \$20 or more will be issued automatically. If you require a receipt for a gift less than \$20 please check here								
Special requests								

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## Thank you for your support. We couldn't do it without you.

## **March of Dimes Canada**

202-885 Don Mills Rd,Toronto, ON M3C 1V9 Tel: 416-425-3463 ;Toll-free: 1-800-263-3463 ;Fax: 416-425-1920

E-mail: donorservices@marchofdimes.ca www.marchofdimes.ca

Charitable Registration No (BN) 10788 3928 RR0001

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