

Tribute/Memoriam Donation

☐ Yes, I want to	help bring inde	ependence to pe	eople v	with phys	ical disabi	lities	
Please fill in all info Attention: Fund De March of Dimes Ca	velopment	il or fax it to our c	office:				
99 Duncan Mill Rd	mada						
Toronto, ON M3B 1Z2							
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		
Tribute/Memorial Donation							
I would like to make a donation now in the amount of: ☐\$25 ☐\$35 ☐\$50 ☐\$75 ☐\$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 Sig					nature (please sign 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 check here	of \$20 or more	will be issued au	tomatio	cally. If yo	u require a	receipt	t for a gift less than \$20 please
Special requests	S						

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

March of Dimes Canada

99 Duncan Mill Rd,Toronto, ON M3B 1Z2 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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