

## Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Donation Information

Gift amount:  \$20  \$50  \$100  Other \$ \_\_\_\_\_

I prefer to give by:  Credit card (please fill out the **credit card** section below)

Cheques (to be made payable to the PSFDH Foundation and mailed to one of the addresses below)

Cash

A tax receipt will be issued for gifts over \$20

## Type of Donation

Where the need is greatest  To the following department: \_\_\_\_\_

In memory of: \_\_\_\_\_

I would like the family notified of my donation at the following address:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Credit Card

Card Type:  Visa  Mastercard

Card #: \_\_\_\_\_ Expiry (mm/yr): \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Perth:**  
33 Drummond St. W  
Perth ON K7H 2K1



**Smiths Falls:**  
60 Cornelia St. W  
Smiths Falls ON K7A 2H9

343-881-GIVE (4483) or toll free 1-833-680-GIVE (4483)  
Registered Charity Number 1192 36016 RR0001