



Printable Donation Form

Please complete and return this form by mail to

Harmony Place Support Services 6-132 Railside Rd. North York, ON. M3A 1A3

Donor Information

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

First Name: _____ Last Name: _____

Company (if applicable): _____

Address: _____

Apt: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Donation Information *A tax receipt will be issued for donations of \$20 or more.*

Amount: \$ _____ Method: Cheque Credit Card Cash

Credit Card Type: VISA MasterCard AMEX

Card Number: _____ Expiry: _____

Cardholder Signature: _____

Reason for Donation: General In Honour In Memory Other: _____

For in honour/memory gifts - a card acknowledging my gift should be sent to:

First Name: _____ Last Name: _____

Address: _____

Apt: _____ City: _____ Province: _____ Postal Code: _____

With the following short message in the card: _____

Become a Monthly Donor

I would like to make an ongoing monthly gift in the amount of: \$10 \$15 \$20 Other: ____

Enclosed is a series of postdated cheques payable to Harmony Place Support Services.

I authorize Harmony Place Support Services to charge my credit card on the 1st 15th of each month starting _____.

Credit Card Type: VISA MasterCard AMEX

Card Number: _____ Expiry: _____

Cardholder Signature: _____

Thank you for your support!

Please check here if you do not wish to receive updates from Harmony Place Support Services.

Please check here if you prefer not to be included in our annual listing of supporters.