



FONDATION
SANDRA
SCHMIRLER
FOUNDATION

CHAMPIONS[®] START SMALL

DONATION FORM

YOUR PERSONAL OR COMPANY INFORMATION FOR DONATION RECEIPTS

Prefix/Title

First Name

Middle Initial

Last Name

Company (if corporate gift) _____

Receipt will be issued in the company name

Mailing Address

City

Province

Postal Code

Email

Phone

Tax receipt required: Yes No

YOUR GIFT AND PAYMENT INFORMATION

I'm making a one-time gift of: \$50 \$100 \$200 Other _____

I would like to join the Champions' Circle with my monthly gift of: \$10 \$20 \$50 Other _____

Payment information:

Cheque *Make your cheque payable to the Sandra Schmirler Foundation. For monthly donations, please enclose a void cheque*

Credit Card # _____ Expiry Date: __ / __ (mm/yy)

Name on Card: _____ Signature: _____

Preferred method of communication: Email Mail Both email and mail

What inspired your gift today:

MY GIFT IS A TRIBUTE GIFT

In honour of In memory of _____

First Name

Last Name

I would like the following person to be notified of my gift: _____

First Name

Last Name

Mailing address

City

Province

Postal Code

Tribute message:

:

Mail this Form to:

Sandra Schmirler Foundation
18 Burndale Rd Ottawa, ON K1B 3Y5

Charitable Registration #871420410 RR0001

sandra-schmirler.org
1-866-210-6011