

Wendat Community Programs Donation Form

DONOR INFORMATION

Full Name/Organization _____ Date _____
Last First MI

Address _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Phone _____ Cell _____ Email _____

I wish to remain anonymous

I would like to donate to the Wendat Community Programs

\$ _____ Mental Health Other Endowment Seniors Programs

Re-occurring pledge \$ _____ # of Months/Years _____

Payment Method

Cash Cheque **Payable to:** Wendat Community Programs
Mail to: 237 Second St., PO Box 832 Midland ON L4R 4P4

Credit Card # _____

_____ Expiration Date ____/____ # on back _____

Name on Card

Other Options:

Call Verna at 705-526-1305 ext. 221 and verbally give your credit card information

Donate on our website at www.wendatprograms.com

Donate through Canada Helps @ www.canadahelps.org

Please note that donated funds are not used for administration.

A charitable tax receipt will be sent to you upon receipt of your donation over \$20.00.

For Office use only:

Entered Date _____ Initials _____

Receipt number _____ Date _____

4060 TD 4070 NTD 4052 ENDOW

Pledge CC W/D Date _____

Call Andrea Abbott-Kokosin at 705-526-1305 ext. 223 or email at Andrea@wendatprograms.com

Wendat Community Programs PO Box 832, 237 Second Street Midland ON L4R 4P4
Phone 705-526-1305 Fax 705-526-9248 info@wendatprograms.com
Registered Charity # 108196353RR001