

GIFT INFORMATION

Date: _____ ID Number: _____

- GENERAL DONATION IN MEMORIAL/IN HONOUR WALK-IN

DONOR INFORMATION

Mr. Mrs. Miss. Ms.

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone No. (H) _____

(B) _____

GIFT INFORMATION

GIFT AMOUNT: _____

DESIGNATION (if any): _____

METHOD OF PAYMENT

- Cheque Visa MasterCard Cash

(payable to Community Living Mississauga)

please do not submit your card number or expiry date, we will contact you if you wish to pay via credit card

Name as appears on Card: _____

Signature: _____

I would like to receive the Inside Community Living Mississauga newsletter via email.

Email address: _____

*Together we are raising awareness and building social capital within the Mississauga community.
THANK YOU FOR YOUR SUPPORT IN BUILDING AN INCLUSIVE COMMUNITY*

PERSON BEING MEMORIALIZED/HONOURED

ACKNOWLEDGEMENT INFORMATION

Mr. Mrs. Miss. Ms.

Name:

Address:

City:

Province:

Postal Code:

ADDITIONAL INFORMATION

MAIL TO:

Community Living Mississauga
Attention: Joanna Okolisan
1-6695 Millcreek Drive
Mississauga, ON L5N 5P8