



# Community Foundation of Mississauga Donation Form

## Donor Contact Information (required for tax receipts)

Title: Miss/Mrs./Ms./Mr. \_\_\_\_\_ Donation Amount: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Payment Information

Visa       Mastercard      Credit Card #: \_\_\_\_\_  
Expiry: \_\_\_\_\_ / \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Total amount chargeable: \_\_\_\_\_ \$

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

- Cheque enclosed made payable to the **Community Foundation of Mississauga**  
 Please contact me to discuss other giving options

## Special Instructions

Please add my gift to the following Fund (if appropriate): \_\_\_\_\_

This gift is In Memory of or In Honour of:

In Memory Name: \_\_\_\_\_ In Honour Name: \_\_\_\_\_

For In Memory or In Honour of gifts, please send an acknowledgement to:

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

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

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- I wish to remain anonymous and receive no public recognition of my gift

Additional Comment: \_\_\_\_\_

Tax receipts will be issued for gifts of \$20.00 or more

**Community Foundation of Mississauga,**  
**1100 Central Parkway West, Unit 15, Lower Level, Mississauga, ON L5C 4E5**  
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Charitable BN: 892395112 RR0001