



Sunday, September 8, 2019

DONATION FORM

Please print, complete & mail form to:
Vita Community Services
4301 Weston Road
Toronto, ON
M9L 2Y3

or e-mail completed form to:
dmonaghan@vitacls.org

NAME:		
ADDRESS:		
HOME: ()	BUSINESS: ()	E-MAIL:

METHOD OF PAYMENT:			
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Card Holder Name: _____		Security Code: _____	
Card No.: _____			
Expiry Date: _____			
Signature: _____			

FOR OFFICE USE ONLY**

DATE RECEIVED:	ACKNOWLEDGEMENT SENT:
COMPLETED BY:	

Vita's Charitable # 12126 4998 RR0001.

Mens Sana's Charitable # 140709916 RR0001

Thank you!