



# Donation Form

**Return this form by mail - Attention: Financial Development**

YMCA-YWCA of the National Capital Region, 180 Argyle Ave, Ottawa, ON K2P 1B7

## DONOR'S CONTACT INFORMATION

DONOR'S NAME

HOME PHONE

WORK PHONE

EMAIL ADDRESS

HOME ADDRESS

CITY

PROV.

POSTAL CODE

## DONATION AMOUNT

I wish to donate \$ \_\_\_\_\_ to:

Where the need is greatest

Y Strong Kids

Other:

\_\_\_\_\_

**Donation options:**

Monthly installments of \$ \_\_\_\_\_ for: 3 years OR \_\_\_\_\_ years.

Once-a-year donation of \$ \_\_\_\_\_ for: 3 years OR \_\_\_\_\_ years.

One-time donation of \$ \_\_\_\_\_

Recurring monthly gift\* \$ \_\_\_\_\_

\*You may cancel your monthly gift at anytime with 15 days written notice to donations@ymcaywca.ca

## PAYMENT OPTIONS

**1. CHEQUE** (Please make cheques payable to the YMCA-YWCA of the National Capital Region)

First installment is enclosed

First installment will be paid on \_\_\_\_\_ (MM/DD/YYYY)

**2. PRE-AUTHORIZED PAYMENT** starting on \_\_\_\_\_ (MM/DD/YYYY)

Chequing account (Attach a void cheque.)

Credit Card (Please indicate credit card type.)    Visa    MasterCard    American Express

CARD NUMBER

EXPIRY DATE (MM/YY)

CARDHOLDER'S NAME (AS APPEARS ON CARD)

CARDHOLDER'S SIGNATURE

DATE (MM/DD/YY)

## RECOGNITION

I wish my gift to be recognized as \_\_\_\_\_

I wish my gift to remain anonymous.

All donations are gratefully acknowledged and recognized according to the Y's Gift Recognition policy.

## USE OF INFORMATION AND PRIVACY STATEMENT

The YMCA-YWCA of the National Capital Region is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

The information you provide is used by the YMCA-YWCA to assist in the proper administration and acknowledgement of your gift, to issue receipts, to keep you informed of our activities and other YMCA-YWCA programs, services and opportunities that may interest and benefit you. We do not rent, sell or trade our donor or mailing lists.

**Check here if you do not wish to be contacted further by the Y.**

DONOR'S SIGNATURE

DATE (MM/DD/YY)