

## **DONATION FORM**

Please print and complete this form then mail or fax to:

Mail: Parkinson Canada 316-4211 Yonge St, Toronto, ON M2P 2A9 Fax: 416-227-9600 (Attn: Donations) Telephone: 1-800-565-3000 or 416-227-9700

General donation (one-time gift)    Monthly donation
DONOR INFORMATION  Organization Name (if applicable):    Mr.   Mrs.   Ms.   Miss   Dr.   Other:
DONOR INFORMATION  Organization Name (if applicable):  Mr.   Mrs.   Ms.   Miss   Dr.   Other:   First Name:   Last Name:   Address:   Suite:   City:   Province:   Postal Code:   Telephone:   E-mail:
DONOR INFORMATION  Organization Name (if applicable):
Organization Name (if applicable):  Mr. Mrs. Ms. Miss Dr. Other:  First Name:  Address:  City:  Province:  E-mail:  DONATION DETAILS  Slide:  Cheque (please make cheque payable to Parkinson Canada)  Visa MasterCard American Express  Credit Card #:  Name on Card:  An official tax receipt and acknowledgment will be issued for all donations of \$20 or more, or upon request.  MONTHLY DONATIONS ONLY  OPTION 1 Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque.  OPTION 2 Please charge my credit card each month for the amount indicated above. My credit card number is above.
Mr.   Mrs.   Ms.   Miss   Dr.   Other:  First Name:
City:
Address:
City:
DONATION DETAILS  Stock
DONATION DETAILS  \$100  \$75  \$50  \$25  \$10  Other: \$ Cheque (please make cheque payable to Parkinson Canada)  Visa  MasterCard  American Express  Credit Card #: Expiry Date: CVV: Name on Card: Signature: An official tax receipt and acknowledgment will be issued for all donations of \$20 or more, or upon request.  MONTHLY DONATIONS ONLY  OPTION 1 Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque.  OPTION 2 Please charge my credit card each month for the amount indicated above. My credit card number is above.
\$100 \$75 \$50 \$25 \$10 Other: \$ Cheque (please make cheque payable to Parkinson Canada) Visa MasterCard American Express Credit Card #: Expiry Date: CVV: Name on Card: Signature: An official tax receipt and acknowledgment will be issued for all donations of \$20 or more, or upon request.  MONTHLY DONATIONS ONLY  OPTION 1 Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque. OPTION 2 Please charge my credit card each month for the amount indicated above. My credit card number is above.
Cheque (please make cheque payable to Parkinson Canada)  Visa
□ Visa       □ MasterCard       □ American Express         Credit Card #:
Credit Card #: Expiry Date: CVV:
Name on Card: Signature:  An official tax receipt and acknowledgment will be issued for all donations of \$20 or more, or upon request.  MONTHLY DONATIONS ONLY  OPTION 1 Please withdraw the amount above from my bank account each month. I have enclosed a VOID cheque.  OPTION 2 Please charge my credit card each month for the amount indicated above. My credit card number is above.
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ACKNOWLEDGMENT CARD
☐ If donation is in memory or in honour, please send acknowledgment card to:
☐ No card required.
First Name: Last Name:
Address: Suite:
City: Province: Postal Code:
Personal Message:
Yes, Parkinson Canada can provide my name and address to the recipient of this card.

We are only able to do this with the support of generous individuals, corporations and foundations across Canada. If you

Charitable Registration Number: 10809 1786 RR0001

would prefer to not receive updates from us in the future, please check this box.