



Parkinson Canada

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

DONATION TYPE

- General donation (one-time gift)
- Monthly donation
- In memory of: _____
- In honour of: _____

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: _____

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.

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.

Parkinson Canada's vision is a world where no one is limited by Parkinson's. We are only able to do this with the support of generous individuals, corporations and foundations across Canada. If you would prefer to not receive updates from us in the future, please check this box.

Charitable Registration Number: 10809 1786 RR0001