



Grandview Kids Mail-In Gift Form

Please make all cheques payable to the Grandview Children's Foundation and complete the payment details below.

CONTACT INFORMATION:

Date (mm/dd/yr): ____ / ____ / ____ Enclosed is my gift of: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: () _____ Email: _____

Please add me to the Grandview Children's Foundation: E-newsletter List Mailing List

I WOULD LIKE TO MAKE A SPECIAL SINGLE GIFT: Please find enclosed my gift of:

O\$25 O\$35 O\$50 O\$100 or O Other \$ _____ OR

I WOULD LIKE TO JOIN THE "HELPING OUR GRANDVIEW KIDS" MONTHLY GIVING PROGRAM:

O\$10 O\$15 O\$20 O\$25 or O Other \$ _____

I WOULD LIKE TO MAKE A MEMORIAL OR TRIBUTE GIFT:

In honour of: _____ In memory of: _____

Personal message to be added to the card:

Send gift notification to (name): _____ DEADLINE DATE: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

PAYMENT INFORMATION:

A tax receipt will be issued for donations that are \$20 or more

I've enclosed my cheque for my **special single gift** made payable to: **Grandview Children's Foundation**

Monthly Giving: I've enclosed a blank cheque marked VOID. I authorize the Grandview Children's Foundation to withdraw the amount I have specified on the 1st of every month from the account number on the cheque. (NOTE: A tax receipt will be issued after the end of each calendar year.)

OR

Please charge the amount specified above to my: Visa MasterCard

Card No.: _____ Exp. Date ____/____

Signature: _____ Date: _____

Please mail your completed donation form to Grandview Children's Foundation:

600 Townline Rd. S., Oshawa, Ontario, L1H 7K6 or Fax to : 905.728.2961

Please do not mail cash. Thank you for your continued support!