

DONATION FORM

Every donation, no matter what the amount, is very important for the Lighthouse Children and Families because most of our services provided to seriously sick children and their families depend on generous support from our donators.



DONATION TYPE	
<input type="checkbox"/> Single donation	<input type="checkbox"/> Monthly donation Transaction on the 1st of each month
<input type="checkbox"/> MY BIRTHDAY AS A GIFT Birthday person : _____	<input type="checkbox"/> UNITED for the lighthouse Event : _____

YOUR DONATION				
<input type="checkbox"/> 35\$	<input type="checkbox"/> 50\$	<input type="checkbox"/> 100\$	<input type="checkbox"/> 250\$	<input type="checkbox"/> Other _____\$

CONTACT INFORMATION			
Last name		First name	
Company name			
Address			Apartment
City	Province		Postal code
Telephone		Email	
Your month of birth	Receipt to company name <input type="checkbox"/>	I want my donation kept anonymous <input type="checkbox"/>	

YOUR PAYMENT	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (made out to : The Lighthouse Children and Families)
<input type="checkbox"/> Credit card :	<input type="radio"/> Mastercard <input type="radio"/> Visa
Card number : ____ / ____ / ____ / ____ Expiry date : ____ / ____	
CSC/CVV (3 little numbers on the back of your card next to your signature) : ____	
Name of the card owner : _____	
Signature : _____	
<p>Please return the completed form with your donation to the following address :</p> <p>The Lighthouse Children and Families 2725 Mont-Royal E Montreal, Quebec H1Y 0A1</p> <p>For information : 514 789-4008 / martel@phare-lighthouse.com</p> <p>* The Lighthouse Children and Families is a registered charity organization with the Canada Revenue Agency. Our Charitable Registration number is 87808 9721 RR0001.</p>	

FOR ADMINISTRATION			
GL:	Participant:		ID:
Soll:	Note:		
Receipt & letter: <input type="checkbox"/> yes <input type="checkbox"/> no	Date received :		Initials: