

CONFIDENTIAL ONCE COMPLETED

WHITE RIBBON DONATION FORM



Donor's Contact Information

First and Last Name:
Postal Address:
E-mail:

City:	Country:	Postal Code:
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Donation

Amount: \$ _____ Paid by: Cheque attached: _____ Credit card below: _____

Donation Date: _____

Credit Card Payment Information

Cardholder's Name:
Card Number:
Card Expiration: M M / Y Y Card Type: AmEx Visa Mastercard Security Code:

Signature of Donor: _____ Date: _____

*Donors giving \$25 or more will receive an official donation receipt for tax purposes.
White Ribbon's charitable registration number is 141050708 RR0001*

Donors giving \$500 or more will be recognized publicly on White Ribbon's annual donor recognition list. For recognition purposes, please list me/us as:

_____ or **Anonymous**

Please send me/us campaign news and information about future campaign events:

By email By regular mail

Please print and complete this form and mail with your payment to:

**White Ribbon
5200 Yonge Street, 2nd Floor
Toronto, Ontario Canada M2N 5P6**

For information and assistance please contact Manoj Paul, Director of Finances at info@whiteribbon.ca or 416-920-6684, ext 22.

Thank you for your generosity!