

Donation Form

Donations can also be made online at ymcaofniagara.org

Donor Information

Individual Name		Date	
Business Name		Donation made on behalf of:	
Address		☐ Individual ☐ Business	
City	Province	Postal Code	
Email	Phone		
☐ I consent to receiving emails from the YMCA of Niagara			
I would like my donation to be:			
\square Anonymous \square In recognition or tribute in honour of			
☐ In memory of			

Please mail or drop off your donation form to YMCA of Niagara, Administration Office #3-300 Bunting Road, St. Catharines, ON L2M 7X3 Or scan and email to philanthropy@niagara.ymca.ca

Charitable Registration Number 11930 7064 RR0001

A tax receipt will be issued for donations of \$20 or more. If you have any questions, please call 905-658-8697.

Please do not mail cash.

One-Time Donation				
I would like to donate	00			
Payment Method UISA Mastercard Cheque made payable to YMCA of Niagara				
Donate Today	on	(DD/MM/YYYY)		
Credit Card Details				
Card Number	Expiry Date	/ CVV		
Signature	Date			
Monthly Donation I would like to donate				
<u> </u>		include a VOID cheque.		
<u> </u>	ring basis for the duration o	include a VOID cheque.		
By continuing, you acknowledge that your credit card/account will be charged on a recui	ring basis for the duration o	include a VOID cheque. utlined or until cancelled.		
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By continuing, you acknowledge that your credit card/account will be charged on a recur Credit Card Card Number Signature	Details Expiry Date Date Date Withdrawals	include a VOID cheque. utlined or until cancelled/CVV		