

*Charitable Registration No. 10759 6306 RR0001*

*(Charitable Receipts will be issued for all donations received over $20)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DONATION FORM** | | | | |
| Name | |  | | |
| Address | |  | | |
| City, Province | |  | | |
| Postal Code | |  | | |
| Email Address | |  | | |
| Phone Number | |  | | |
| **Donation Amount and Payment Type** | | | | |
| I would like to make a gift to \_\_\_\_\_\_\_\_\_\_\_\_ in the amount of **$** | | | | |
| Please circle one payment type: e-Transfer Cash Cheque Credit Card | | | | |
| Please make all cheques payable to: **Langs** | | | | |
| Please send e-Transfers to **katech@langs.org** & email **darcye@langs.org** with full donation details including the amount donated, your full name and address. This is important for tracking and receipting purposes. | | | | |
| Credit Card Number | | | |  |
| Expiry | | | |  |
| CVV | | | |  |
| Signature | | | |  |
| Date | | | |  |
| **Type of Donation (Select One)** | | | | |
|  | Anonymous Donation | | I do not wish to have my name listed in any donor recognition materials | |
|  | Recognized Donation | | I wish to have my name listed in donor recognition materials as follows:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Donation Allocation:** | | | | |

**Please return this form with payment to:**

**darcye@langs.org**

Langs, 1145 Concession Road, Cambridge, ON N3H 4L5

**THANK YOU FOR YOUR DONATION!**