

# Donation Form



## My details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I have included Kids Help Phone Foundation in my will.

**I would like to give:**    \$25    \$50    \$100    Other \$ \_\_\_\_\_

Please charge my credit card:    VISA    MasterCard    AMEX

Card No. \_\_\_\_\_ Expiry date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

I've enclosed a cheque made payable to Kids Help Phone Foundation.

## I would like to make a tribute gift

In Memory of    In Honour of \_\_\_\_\_

Recipient mailing address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Special message for recipient \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail to: Kids Help Phone #300-439 University Ave, Toronto, ON M5G 1Y8  
1-800-268-3062 | kidshelpphone.ca | donorservices@kidshelpphone.ca

*Thank You*