

Society of Sharing: Inner-City Volunteers

c/o Monsignor Fraser College Isabella North Campus 25 Linden Street, Toronto ON M4Y 1V5 Tel: 416 413-0380 Fax: 416 413-4814 www.societyofsharing.org

Charitable Number: 10799 0699 RR0001

DONATION FORM

□ Yes! I would like to support the Society of Sharing: Inner-City Volunteers!

🗆 Mr. 🗖 Mrs. 🗖 M	s. 🛛 Other				
First Name:	Last Name:				
Address:					
	Province:				
Phone:	Email:				
Donation in honour/men	nory of:				
□ I would like to give a one	e-time donation of \$				
(Donation of \$10.00 or more wil	l receive an official donation rece	eipt for income tax purpo	ses.)		
Yes! I would like to support the Society of Sharing all year round!					
I would like to join the mon theday. Method of Payment:	thly giving group and make	a donation of \$	each month on		
□ Cheque/Money Order enclosed (please make payable to Society of Sharing)					
□ Please charge the above amount to my credit card. (Please fill out information below)					
□ I have remembered the Society of Sharing in my will.					
	□ MasterCard 🚧				
	Evpiry Data:				
	Expiry Date:				
Signature:					

We will contact you by way of phone to ask you for your CVV

THANK YOU FOR YOUR SUPPORT!

Mail your form to:	Fax your form to:	Questions?
Society of Sharing: Inner-City Volunteers	(416) 413-4814	Please call us at
25 Linden Street, Suite 208	Donate over the phone:	(416) 413-0380 or email
Toronto, ON M4Y 1V5	(416) 413-0380 ext. 221	info@societyofsharing.org

Society of Sharing: Inner-City Volunteers publicly acknowledges all donations. Should you wish to withhold your

permission for this use, please check box here:

U Withhold my name

Society of Sharing: Inner- City Volunteers is committed to protecting your privacy. Society of Sharing collects uses and discloses the personal information on this form in accordance with the Canadian Privacy Laws.