



DONATION FORM

VILLA COLOMBO TORONTO AUXILIARY (VCTA)

NAME:					
COMPANY:					
ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
HOME PHONE:		BUS. PHONE:		CELL PHONE:	
FAX:		EMAIL:			

TYPE OF DONATION

- General In honour of _____ In memory of _____

If donation is being made in memory of: Would you like us to send a letter? If so, please provide memorial recipient information.

RECIPIENT NAME:					
ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	

DONATION AMOUNT

- \$25 \$50 \$75 \$100 Other _____

PAYMENT METHOD

- E-Transfer (VCTA's preferred method of payment)**

Email Associated with E-Transfer: _____ Answer to Security Question: _____

If you are making a donation via E-Transfer, please submit this form via email and send E-Transfer to email below.

- Cheque (payable to Villa Colombo Ladies' Auxiliary)**

If you are making a donation via Cheque, please attach cheque to this form and submit via mail.

- Credit Card**

Card Type/Number: _____ Expiry Date (MM/YY): _____

Card Holder Name: _____

*If you are making a donation via Credit Card, please submit this form via email or mail. **We do not accept American Express.***

TOTAL PAYMENT AMOUNT: \$ _____

TAX RECEIPT

Donations of \$20 or more are eligible for a tax receipt

- I/We require a tax receipt I/We do not require a tax receipt

RETURN TO: Villa Colombo Toronto Auxiliary | 40 Playfair Avenue, Toronto, ON M6B 2P9 | vcla@villacolombo.on.ca
Charitable Institution Business No: 11928 5997 RR0001