## **MONTHLY DONATION FORM**



## **Donor Contact Information** (please print clearly):

Personal Donation? Y / N Bu	isiness Don	nation? Y/	N Organization Donation? Y/N	
Name:				
Contact Name (if not a personal donation):				
Apartment Number / Address:				
City:	Province:		Postal Code:	
Phone Number: Work: Home:	ne:		Email:	
Donation Details:				
Monthly Donation Amount: \$				
Visa: □ MasterCard: □ Vo		/oid Cheque (for electronic fund transfer): □		
Card Number:				
Expiry Date: Aut		uthorization Number (internal use only):		
Name on Card:				
Signature:				
In Memoriam or In Honorarium Gifts:				
Is the donation being mad in Honor of, or in Memory someone (circle one): Y/	e of	In Honor O	f:	In Memory Of:

Please send completed form to:

Phoenix Youth Programs
PO Box 60006 RPO Professional Centre
Halifax, NS B3H 4R7