



DHK DONATION FORM

Staff: _____

Date: _____

A: DONOR DETAILS

Donor Name: _____

Home Phone: (____) _____

Organization Name: _____

Work Phone: (____) _____

Contact Name: _____

E-mail: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Prov: _____

Postal Code: _____

Please check here if you do NOT wish to receive mailings and/or emails from The Darling Home for Kids including program updates, newsletters, fundraising appeals and other information

Please Check:

Walk-in/ Drop-off

Telephone Donation

B: DONATION DETAILS

Gift Amount: \$ _____

Chq#: _____ Chq Date: _____

CC#: _____

CC Type: VISA MC AMEX

CC Expiry: _____ CVV: _____

Name on CC _____

Signature: _____

Method of Payment: Cash Cheque Credit Card

Additional info (as applicable): Sponsorship Gift In Kind

NOTES

Please note that donations of \$20 and above are eligible for charitable tax receipt

C: MEMORIAL/TRIBUTE DETAILS

In Memory In Honour

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: (____) _____

Please include my name and address in the card

I give The Darling Home for Kids permission to disclose the amount of my gift in the card

D: NOTES / CARD MESSAGE

Thank You for Your Support!