

Yes! I am pleased to support ErinoakKids!

Gift and payment options

Donation Information

I would like to make a: One-time Gift Monthly Donation

In the amount of: \$30 \$50 \$100 \$125 Other _____

If this is a **Tribute or Memorial Gift**, please fill out the information below:

In memory of: _____ In honour of: _____
What is the occasion? (e.g. birthday, graduation)

Send acknowledgement to:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Message (if desired): _____

Payment options

- Cheque (made payable to ErinoakKids) Credit Card (please fill out info below)
 Please withdraw my monthly gift from my bank account* -- I have enclosed a VOID cheque for banking information (**for monthly giving only**)

Credit Card type: MasterCard Visa American Express

Card number: _____ Card Security Number: _____

Expiry date: _____

Name on card: _____

Signature: _____

Your Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

*Monthly donations are charged on the 21st of each month and can be cancelled by calling 905-855-2690 x4103

Fax number:
905-566-0862



Mailing Address:
Fundraising Department
1230 Central Parkway West
Mississauga, ON L5C 0A5