



# Donation Card

Charitable Registration Number: 861019743 RR 0001

## Mission Statement

To foster ideas and connect people, initiatives and resources that will have a meaningful and lasting impact in Caledonia and area.

## Please Make Charitable Receipt to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Donation Information

Amount of Gift: \$ \_\_\_\_\_

Method of Payment:      Cash:       Cheque:

## Please direct my donation to:

Argyle Heights Fire Relief Fund:

I hereby give this donation to the Caledonia Community Foundation under the specific direction that this gift or any property substituted therefore be held by the Caledonia Community Foundation.

We respect your privacy. We ask your permission to acknowledge your donation in our annual report and other publications or publicity about the Caledonia Community Foundation.

If you do NOT wish to be recognized, please check this box:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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