

Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Tax Receipt to be: Mailed Emailed Anonymous (no receipt required)

Donation Type

General Donation

Memoriam Donation In memory of _____

Send Acknowledgment Card To _____

Address _____

Honour/Celebration

Other _____

Please direct this gift to the area of greatest need at COHA

Cash Cheque (Payable to COHA) Credit Card

Amount \$ _____

Credit Card Number: _____

Expiry Date: _____ CVC Number: _____

Name on Card (if different from above) _____

THANK YOU FOR YOUR SUPPORT

For Office Use Only