



DONATION FORM
Villa Leonardo Gambin Charity
40 Friuli Court
Woodbridge, ON L4L 1V9
Telephone: 905-856-7619
Email: donations@villagambin.com

DONOR INFORMATION

Name: _____ Company (if applicable): _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Telephone: _____ Email: _____

Villa Leonardo Gambin Charity does not sell, rent trade or share its mailing list.

DONATION

One-time gift Monthly Donation Matching Gift Program Company Name: _____

I would like to make a difference with my gift of: \$100 \$75 \$50 \$25 Other: _____

Frontline Worker

This gift is: In Memory of In Honour of: _____ No card required

ACKNOWLEDGEMENT

Please send acknowledgement card to:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Personal Message: _____

DONATION DETAILS

PLEASE PRINT

Please select one of the following payment options:

Cash Cheque* Visa Mastercard Amex **Is this a corporate credit card?** Yes No

Is this an online donation? Yes No

Card #: _____ Expiry Date: _____ CVV No. ** _____

Name on Card: _____

Signature: _____

* Please make cheque payable to: **Villa Leonardo Gambin Charity** ** VISA & MC: The 3 digits printed on the signature panel located on the back of the card AMEX:
The 4 digits printed on the front of the card just above account number

A Charitable Tax Receipt will be issued for donations of \$20 or more.

MONTHLY DONATIONS ONLY

Please charge my credit card each month for the amount indicated above. My credit card number is above.

THANK YOU FOR YOUR SUPPORT!