

# Donation Form



Little Brothers  
Foundation

Embracing the Elderly

## DONOR

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ I authorize Little Brothers Foundation to contact me through email.

### Yes! I choose to make a significant impact, month after month.

Option 1

#### I choose to make a monthly donation of:

☐ \$50 per month ☐ \$20 ☐ \$15 ☐ \$10 ☐ Other \$ \_\_\_\_\_ \$ per month

Starting in the month of: \_\_\_\_\_ ☐ the 1<sup>st</sup> day of each month ☐ the 15<sup>th</sup> day of each month

☐ I opt for **bank transfers** to reduce administrative costs. I enclose a cheque marked «void» and authorize Little Brothers Foundation to withdraw the above amount from my bank account.

☐ I authorize Little Brothers Foundation to charge my **credit card** (information to be completed below) for the amount indicated above.

### Yes! I support Little Brothers Foundation with a one-time donation.

Option 2

Here is my contribution of: ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$75 ☐ Other \$ \_\_\_\_\_

☐ A receipt will be issued for donations of \$20 or more. Check this box to receive a receipt for a donation under \$20.

☐ Cheque, payable to: **Little Brothers Foundation**

☐ Credit Card (information to be completed below)

## PAYMENT BY CREDIT CARD

CREDIT CARD

☐ VISA ☐ MASTERCARD

Card number:

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Expiry date (month/year):

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4624 rue Garnier, Montreal, Quebec H2J 3S7 • Charitable Organization No:118922160 RR 0001