

Donation Form

Charitable Registration No. 11889 3940 RR0001

Thank you for supporting Edmonton Meals on Wheels! Please complete the information below.

Personal Information

First Name: _____ Last Name: _____

Company Name: (if on behalf of a business) _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email _____ Phone: _____

Go Green Yes, I would like to receive my charitable tax receipt via email.

E-newsletter Yes, I want to stay up-to-date with your monthly e-newsletter.

Donation Information

Donation Amount: _____ One Time Monthly

Payment Method: MasterCard VISA Cheque Cash

Credit Card #: _____ Expiry Date: _____

Name on Card: _____

Signature: _____

Memorial or Tribute Donation

Is this gift a tribute? In Honour of: In Memory of: Name: _____

Please provide next of kin contact information for memorial gifts.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email _____ Phone: _____

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Donate online at www.mealsonwheelsedmonton.org/donate/donate-money