

Donation Form

Please print and complete this form then mail or fax to:

Mail: L'Arche Homefires | 341 Main Street | Wolfville, NS B4P 2N5 Fax: 902.542.7686 (Attn: Donations) Telephone.902.542.3520

Donation Type						
General donation	on (one-time gift)	ı	Monthly D	onation		
In Memory of: _					· · · · · · · · · · · · · · · · · · ·	
In Honour of:					······································	
Donor Information	l					
Organization Name (if a	applicable):					
Donor Name(s):						
Address:						
Геlephone:		Em	Email:			
Donation Details						
One-Time Gift	\$100	\$75	\$50	\$25	Other:	
Monthly Donation	on \$50	\$25	\$15	\$10	Other:	
Cheque (please	e make payable to	: L'Arche	Homefires	s)		
Visa	MasterCard					
Credit Card #: Expiry Date:						
An official tax receipt ar	nd acknowledgme	nt will be	issued for	all donati	ons of \$20 or more.	
Monthly Donations	Only – Deduction	ns will be r	made on tl	ne 15th of	f each month.	
PTION 1 Please withdraw the amount above from my bank account. I have enclosed a VOID cheque or banking deta						
OPTION 2 Please	charge my credit ca	rd for the a	mount indic	cated abov	e. My credit card number is above.	
Acknowledgment	Card					
If your donation is ir	n memory or in ho	nour, plea	se send th	ne acknov	vledgment card to:	
No card required.						
Name:						
Address:						
Personal Message:						
Yes, L'Arche Homef	ires can provide n	ny name a	and addres	ss to the r	ecipient of this card.	

Questions?

Contact finance@larchehomefires.org and development@larchehomefires.org

Charitable Registration Number: 10821 9106 RR0001