**THE SISTERHOOD OF ST. JOHN THE DIVINE**

**CAMPAIGN DONATION FORM**

*“Thank you – what is that?” Po asked. “It means you are wonderful. It means, we couldn’t have done it without you,” said Liesl.*

(from *Liesl & Po* by Lauren Oliver)

*I/we wish to support the Home for the Heart Campaign with a donation of $\_\_\_\_\_\_\_\_\_\_.*

|  |  |
| --- | --- |
| CONTACT INFORMATION  Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PAYMENT SCHEDULE  q Single payment $\_\_\_\_\_\_\_\_\_\_\_  q Monthly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q Annually $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  q Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My/Our donation commences on  the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_. |

PAYMENT METHODS *(please be sure that you designate Home for the Heart Campaign for all options, and indicate your name for an e-transfer.)*

q Pre-authorized remittance (PAR) - please complete PAR form on reverse side or attached

q Credit Card payment - please fill out the information below

q E-transfer to email address: accounting@ssjd.ca, and include your address, phone number, email

q Cheque(s) (including post-dated) or cash

q Publicly traded securities , insurance policy, or other planned gifts—Please contact us for details

q Other: PayPal, Canada Helps - www.ssjd.ca/support-us/donate/

(Optional) I would like my gift to be in memory/honour of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

CREDIT CARD PAYMENT DETAILS

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_Expiry date \_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information: Fund Raising Office, email: fundraising@ssjd.ca or call (416) 226-2201 ext. 303.**

Charitable no. BN 11925 4266 RR0001