



OFFLINE DONATION FORM

If you receive a cash or cheque donation, please fill out the form below and mail it to Providence Healthcare Foundation (3276 St. Clair Avenue East, Scarborough, Ontario, M1L 1W1, Canada). **Please include donation cheque, but if you receive cash donations, we request that you deposit the money and either make out a cheque or send a money order for that same amount to Providence Healthcare Foundation.** Once we receive all necessary information, a tax receipt will be issued to the donor(s). Tax receipts will be issued for donations of \$20 and above and in accordance with CRA guidelines. Please allow 2-3 weeks from receipt of the form for processing. If you have questions: community@phcf.ca

Form Submitted by:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Please print clearly.

Donor Name (Full Name)	Email Address	Mailing Address Please include: Street Address, Unit Number, City/Town, Province, Postal Code	Donation Amount	Method* (cash or cheque)	Tax Receipt Requested (Y/N)
			Total Cash Donations: \$	Total Cheque Donations: \$	
Please include the total cash and cheque donation amount with this form.					

PRIVACY POLICY: As an Organizer you may have access to information relating to donors that is confidential and private in nature. You will, at all times, ensure the protection and confidentiality of all donor information, particularly any personal information collected in the course of soliciting funds. Under no circumstances may donor confidential or personal information be shared with any other individual or third party; it remains the property of Providence Healthcare Foundation (PHCF) and must be returned to PHCF. The privacy of our Organizers and donors is important to PHCF. For more information on our privacy policy, please visit: providencehealthcarefoundation.ca/privacy-policy



ADDITIONAL DONORS

Please print clearly.

Donor Name (Full Name)	Email Address	Mailing Address Please include: Street Address, Unit Number, City/Town, Province, Postal Code	Donation Amount	Method* (cash or cheque)	Tax Receipt Requested (Y/N)
<p>*Please do not send cash by mail. We request that you deposit the money and either make out a cheque or send a money order for that same amount.</p> <p>Cheque and/or money orders should be made to Providence Healthcare Foundation.</p>			<p>Total Cash Donations: \$</p>	<p>Total Cheque Donations: \$</p>	
<p> </p>			<p>Please include the total cash and cheque donation amount with this form.</p>		