



Innocence Canada

Foundation

DONATION FORM

Yes, I wish to make a contribution to the charitable work of Innocence Canada by giving a donation to the Innocence Canada Foundation.

NAME _____

ADDRESS _____

CITY _____ PROVINCE/STATE _____ POSTAL/ZIP CODE _____ COUNTRY _____

TELEPHONE (HOME) _____ TELEPHONE (BUSINESS) _____ TELEPHONE (MOBILE) _____

E-MAIL* **By providing your e-mail address, you can help Innocence Canada conserve vital financial resources such as mailing costs.*

Innocence Canada is committed to protecting your privacy. Personal information is gathered for internal communication purposes only (e.g., letter of appreciation, invitation to Innocence Canada AGM or other events, etc.). We will not share your information. You may be sent occasional updates by e-mail or post mail. If at any time you wish to unsubscribe from our e-mail list or mailings, you may do so simply by contacting: eridley@innocencecanada.com.

I WISH TO DONATE : \$500 \$250 \$100 \$75 \$50 \$ Other _____

METHOD OF PAYMENT:

Cheque (payable to Innocence Canada Foundation) Visa MasterCard

Card #: _____

Expiry Date: _____

Signature: _____

***TAX RECEIPTS WILL BE ISSUED AT YEAR END FOR DONATIONS**

ACKNOWLEDGEMENT INFORMATION:

Please use the following name(s) in all acknowledgements: _____

I wish to have my gift remain anonymous. Signature: _____

PLEASE RETURN THIS FORM BY MAIL, FAX OR E-MAIL TO:

INNOCENCE CANADA

111 Peter Street, Suite 408 • Toronto, Ontario M5V 2H1 • Tel: 416-504-7500 • Fax: 416-203-9088 • donations@innocencecanada.com

Thank You for Your Support!