

LEWIS LAWRENCE FUND IN MEMORIAM DONATION FORM

Donor Contact Information (required for tax receipt):

Title: Miss/Mrs./Ms/Mr.

Donation Amount:

First Name:

Last Name:

Street Address:

City:

Prov.:

Postal Code:

Daytime Phone#:

Evening Phone#:

Email:

Payment Information:

Visa MC Credit Card Number (please print clearly):

Expiry:

Name on card:

Total amount chargeable: \$

Signature:

Cheque enclosed made payable to "Community Foundation of Mississauga". Please write "Lewis Lawrence Fund" in the memo line of your cheque.

Acknowledgement Card Information:

I would like an acknowledgement card sent to the family of Lewis Lawrence informing them of my/our donation to this fund.

From:

Message: (optional)

Send a copy of the completed Form to the
Community Foundation of Mississauga by email.

Print a copy of the completed Reservation Form.
Mail to the Community Foundation of Mississauga
at the address below.

Tax receipts will be issued for gifts of \$20.00 or more.

**Community Foundation of Mississauga,
1100 Central Parkway West, Unit 15, Lower Level, Mississauga, ON L5C 4E5**
Phone: 905-897-8880 Fax: 905-897-7509
Charitable BN: 892395112 RR0001