

Donation Form

(Mr./Mrs./Ms.) _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Donation Amount: _____

Credit Card Type: A V M/C Credit Card #: _____

Expiry Date: _____ Name on Credit Card: _____

If in Memory or in Honour of someone, please fill in below:

Memory/Honour of: _____

From: _____

Acknowledgement preference

In Honour Card

In Memoriam Card

Acknowledgement to be sent to:

(Mr./Mrs./Ms) _____

Address: _____

City/Province: _____ Postal Code: _____

Message/Special Instructions: _____

Comments

(For Office Use Only)

Constituent #: _____

Package Code: _____

Batch#: _____

Letter: _____

Appeal: _____

Card Sent On: _____

Acct Code (Fund): _____

Processed Card On: _____

Kids Help Phone
300-439 University Ave
Toronto, ON M5G 1Y8
Toll-free: 1-800-268-3062
Email: info@kidshelpphone.ca
Charitable Registration # 130005846RR0001

1 800 668 6868
KidsHelpPhone.ca

Kids Help Phone