

## Personal Donation Form

Please fill in information and mail or fax it to our office. Please print in BLOCK letters. **Please sign form in the Payment Option section.**

<b>Personal Information</b> (An official tax receipt will be mailed to you within 30 days upon receipt of donation.)			
Title	First Name	Last Name	
Street Address (#, street, suite/apt)			
City	Prov./State	Postal/Zip Code	Country
Home Phone	Work Phone		E-mail
<b>Personal Gift</b>			
<b>Single Donation</b> - I would like to make a donation in the amount of: \$25 ___ \$50 ___ \$100 ___ \$300 ___ \$500 ___ Other amount \$ ___ <input type="checkbox"/> (\$25 - \$99) Friend of the Society <input type="checkbox"/> (\$300 - \$499) Merit Club <input type="checkbox"/> (\$100 - \$299) Bronze Club <input type="checkbox"/> (\$ 500 + ) Distinction Club			
<b>Monthly Plan</b> - We will debit your credit card, deposit your cheque(s) or you may set up automatic monthly bank withdrawals. (You may cancel anytime by calling the Fundraising Activity Centre at 416-490-8844 or e-mail <a href="mailto:fundraising@lifeguarding.com">fundraising@lifeguarding.com</a> ).			
I would like to make a monthly donation in the amount of: \$5 ___ \$10 ___ \$20 ___ \$25 ___ \$30 ___ \$ 40 ___ Other amount \$ ___ <b>Beginning on (month, day, year)</b> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Payment Options</b>			
<input type="checkbox"/> I would like to pay by Credit Card <b>(Card Type)</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX			
Card Number		Expiration Date	
Cardholder Name		Cardholder Signature ( <b>please sign form</b> )	
<input type="checkbox"/> I would like to pay by <b>Cheque</b> or <input type="checkbox"/> <b>Money Order</b> Please find enclosed a cheque or money order in the amount of: \$ _____ <input type="checkbox"/> Set-up Automatic Bank Withdrawals - Lifesaving Society account (418442 – 06840 – 306921) via your Personal Chequing Account			
<b>I would like to designate my donation to: (please check <u>only ONE</u>)</b> <input type="checkbox"/> Water Smart® Public Education (e.g. Within Arms Reach, Safety Tips) <input type="checkbox"/> Swim to Survive® (water safety survival skill program for Grade 3) <input type="checkbox"/> Swim to Survive Plus (water safety survival skill program for Grade 7) <input type="checkbox"/> Other: _____			
<b>Privacy:</b> The Lifesaving Society respects your privacy. We do not rent, trade or sell our mailing lists, and we maintain the confidentiality of our donor information. <i>Thank you for your support. You are our lifesavers!</i> <span style="float: right;">Web 2019</span>			
<input type="checkbox"/> <b>Please DO NOT LIST my donation in the Annual Report</b>			
<p><b>Lifesaving Society</b>          400 Consumers Road, Toronto, ON M2J 1P8          Phone (416) 490-8844 Fax (416) 490-8766          E-mail <a href="mailto:fundraising@lifeguarding.com">fundraising@lifeguarding.com</a>          Charitable Registration No. (BN) <b>10809 7270 RR0001</b>  <i>Tax receipts will be issued for donations of \$20 or more.</i>  <b>Help us save lives!</b></p>			