



**Entente
Foundation**

18 Spadina Rd, Toronto, ON M5R 2S7

Donation Form

First name: _____ Last name: _____

Street address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

One-time gift

I'd like to make a **one-time** gift of: \$ _____

Monthly gift

I'd like to make a **monthly** gift of: \$5 \$10 \$15 \$20 Other: \$ _____

Gift Information (please select an option)

- I have enclosed a cheque made payable to the Entente Foundation
- Please charge my donation to my credit card: VISA Mastercard
- I have enclosed a cheque marked "VOID"
- For monthly donations only:** I authorize the Entente Foundation to debit my bank account or charge my credit card on the 15th of each month.
- I would like more information about making a gift: In my will Of stocks

Credit card number: _____

Name on credit card: _____ Expiry date: _____ / _____

Signature: _____ Date: _____

For your information:

- Tax receipts will be issued for all donations of \$20 or more.
- You may change or stop your monthly donation at any time by contacting the Entente Foundation at 416-962-9463 or toll-free at 1-800-361-9888 x 271, or by contacting your financial institution.
- Charitable Registration Number: 848662110RR0001