



Donation Information for Individuals

Here is my gift of: \$ _____ date: _____

I have enclosed cash

month, day, year

OR

I have enclosed my cheque, payable to Hamilton Food Share

OR

I prefer to pay by credit card. Please charge my: VISA Mastercard

Card
Number:

Expiry
Date:

Name on
Card:

Signature:

Donation made at an event? Yes No Event _____

Donor Information

Thank you! Tax receipts are issued to individuals making a personal gift of \$10 or more.

I am requesting a personal tax receipt? Yes No

Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

If applicable, gift made in memory/honour of: _____

If applicable, tribute card to be sent to: _____

address

city

postal code

I want to receive monthly news via email about Hamilton Food Share.

signature

date