



Donation Form

Which Event Year Are You Donating To? 20_____

Name of player: _____

Team Name (if applicable): _____

Donate to individual Donate to team

Print Your Name Clearly, As You Wish It To Appear On Your Tax Receipt.

First Name: _____ Last Name: _____

Company Name (for business donations): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email (to receive tax receipt by email): _____

Phone (mandatory for credit card payments): _____

In order to receive important event information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Choose Your Level Of Donation.

We're grateful for anything you can give. Every dollar goes towards helping us defeat dementia!

\$2,500 \$250

\$1,500 \$100

\$1,000 \$50

\$500 \$25

(any amount) \$ _____

Payments Over Time

_____ monthly payments of \$ _____ (Monthly payments must be \$25 or higher and cannot extend beyond Dec.31, 2023)

Please have someone contact me about leaving a gift at The Baycrest Foundation.

Select Between Two Easy Payment Options.

Personal Cheque Single payment in full only. Please make cheques payable to: The Baycrest Foundation. Include participant name on all cheques.

Credit Card Single or monthly payments. Your monthly statement(s) will read Baycrest. Payments commence immediately upon the processing of this form by the donation office.

Visa Mastercard Amex

Card Number

Exp

CVW

Cardholder Name: _____

Cardholder Signature: _____

Yes, I would like to cover the admin fee of 3% of the transaction total.

Print

Email

Reset