

DONOR FORM

Donor / Company Name: _____

Donor Mailing Address: _____

Contact Person: _____
(if different from Donor)

Contact Phone Number: _____

Amount of Donation: \$

Contact email: _____

NOTE: Please make your cheque payable to the Community Support for Students Program

I wish to direct this donation as follows:

To be used for students from any participating school as most needed.

OR Reserved for students of: _____

I wish to make this donation:

in memory of: _____

in honour of: _____

Please send a donation card to:

The Donor's Address

This address: _____

Please send the completed Donor Form, along with your donation, to:

Community Support for Students Program (CSSP)

184 Humbervale Blvd.

Etobicoke, ON M8Y 3P8

Official Registration # 75044 0877 RR0001

Canada Revenue Agency: www.cra.gc.ca/charities