Danielle's Place
Eating Disorder Support and Resource Centre

DONATION FORM

Danielle's Place thanks you for your generosity - every bit does make a difference. Thank you for helping us continue to provide our programs and services.

Name:	
Address:	
City:	
Postal Code:	
Date:	
☐ yes I would like a charitable tax receipt sent to the above address	

Donation Type:

☐ I would like to make a one-time donation
Amount: $_____ Type: ☐Cash ☐Cheque

OR

☐ I would like to make a yearly donation
Amount: $_____ Type: ☐Cash ☐Cheque
Month of Donation: _____
□*Yes please remind me each year of my donation month through an email notification.*
Email*:*_____

Thank you for your generosity.

If you would like to receive our bi-annual e-newsletter, please print your email address below.
Email:_____

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