

Donation form

Please select a gift amount					
Single Donation amount: \$ or I choose to be a Monthly Donor at: \$ Gifts will be charged to your credit card or deducted from your bank account on the 1st or 15th of each month. Payments will continue automatically each month until you notify Indspire of any change. You can change or cancel your monthly donation to Indspire with 30 days' notice.					
Please select a payment option					
☐Cheque (Please enclose a VOID cheque for Pre-authorized Debit) or	□VISA □	J Master(Card	□American	Express
Cardholders/bank account holders Name					
Card number		Expiry da			/
Signature		today's o			
This donation is made on behalf of:	☐an Individual	🗖 а Ві	usiness		
Your contact information (required for tax receipt purposes)	□Mr. □Mrs.	☐Ms.	■Miss	□Other	
First Name: Last Name:			_		
Mailing Address			_		
City Province	Postal Code: _				
Email					
Home Phone (<u>) -</u>	Work Phone	()	-	
Mobile Phone ()					
☐ Please list my name in recognition materials as ☐ Please list my name in recognition materials as 'Anonymous'					
Other ways to help: I have named Indspire as a benefic Please send me information on lea		my will.			
I have certain recourse rights if any debit does not comply with this agreement. For example, with the PA	I have the right to receive reim AD agreement.	nbursement fo	or any debit tha	t is not authorized	or is not cons

You will be mailed an annual tax receipt for all gifts each February.

Please return completed form to:Or you can submit byIndspirePhone416.987.9497555 Richmond Street West, Suite 1002Fax 416.977.1764Toronto, OntarioEmaildonate@indspire.caM5V 3B1Charitable registration number BBN 118834696RR0001