

Donation Form

Yes, I want to keep Harbourfront Centre alive and vibrant!

Mr./Mrs./Ms \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (B): \_\_\_\_\_ Email: \_\_\_\_\_

*Tax receipts are issued for gifts of \$10 or more. Contributions of \$50 or more entitle the donor to benefits through our Individual Giving Program.*

**Here is my single annual gift payment paid by:**

Cheque for \$ \_\_\_\_\_ enclosed, made payable to *Harbourfront Centre*.

Credit Card for \$ \_\_\_\_\_  Visa  MasterCard  American Express

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**I'd prefer to make monthly gifts.**

I'll give:

\$10/month Level 3  \$50/month Level 5  I prefer to give \$ \_\_\_\_\_ monthly

\$25/month Level 4  \$100/month Level 6

Paid by:  Visa  MasterCard  American Express

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*I understand that monthly giving gifts will continue to be automatically renewed until I notify Harbourfront Centre of any change. Charitable tax receipts will be issued for all gifts made in one calendar year, in January of the next year.*

Please publicly recognize my donation under the following name: \_\_\_\_\_  
OR  I wish my donation to remain anonymous.

**Thank you for your generosity in support of Harbourfront Centre!**

Please forward this form along with your contribution to:

Harbourfront Centre Individual Giving Program  
235 Queens Quay West  
Toronto, Ontario M5J 2G8  
Tel: (416) 954-9912 Fax: (416) 973-6055