

MASONIC FOUNDATION OF ONTARIO **DONATION FORM**

VES I WANT TO HELP with a CREDIT CARD/CHEOLE/CASH contribution to the

Masonic Foundation of Ontario.							
ONE TIME DONATION							
I hereby donate the sum of:							
	\$10	00	\$75	\$50	\$25	other \$	
to The Masonic Foundation of Ontario Capital Fund to be held for a term of not less than Ten (10) years.							
I have enclosed a Cheque to the Masonic Foundation of Ontario OR							
Please charge the above amount to my credit card. (Fill out the credit card section below)							
MONTHLY GIVING PROGRAM							
I want to join the Masonic Foundation of Ontario monthly giving program.							
I have enclosed monthly post dated cheques in the amount of \$							
I authorize the Masonic Foundation of Ontario to charge my monthly donation							
of \$ to my credit card. (Fill out the credit card section below)							
(Monthly donations will be processed on or about the 25 th of each month)							
CREDIT CARD INFORMATION							
V	Visa MasterCard						
Card N	Card Number Expiry Date						
Name on card (please print)							
Signat	ure						
DONOR RECEIPT WILL BE MAILED TO:							
Name							
Address							
City				Province	P	ostal code	
Phone Number							
Member of Lodge (if applicable)							
If this is a MEMORIAL DONATION please complete the following:							

In memory of

Acknowledgment to

Address

City Province Postal Code

Charitable tax registration: 89411-2986-RR001