

DONATION FORM



By making a donation today, you'll help us achieve our mission of providing assistance to individuals to live independently and inclusively in the community through individualized support and rehabilitation services.

I would like to support ICAN by making a donation.

Mr/Mrs/Ms/Dr:

Name:

Address:

City:

Province:

Postal Code:

Tel #:

E-Mail:

I would like to donate: (please check the desired amount)

\$25 \$50 \$75 \$100 \$200 Other \$: _____

In Memory of: _____

Comment: _____

Method of Payment: (please check form of payment)

Cash

Visa

MasterCard

Cheque

Please make cheque payable to:
ICAN - Independence Centre
and Network

Credit Card Information:

Card #:

Exp. Date:

CVV/CVC:

Card Holder's Name:

For Office Use Only

Payment

Authorization #: _____

Processed by: _____

Date: _____

Receipt

Issued by: _____

Date: _____