

# Tribute Donation Form

Name of Person(s) in Memorial or in Honour of:

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Donation Amount:    \$\_\_\_\_\_

Please send tax receipt to the donor at this address:

Name:

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Address:

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City:

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Province:

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Postal Code:

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Telephone Number:

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### Payment by:

- Cheque (Please make payable to Dom Lipa)
- Visa     MasterCard     Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

### Gift Acknowledgement

- I understand that a charitable tax receipt will be issued for all donations exceeding \$20
- I (we) agree to have our name(s) published in the Dom Lipa Newsletter.
- I (we) wish to have our gift remain anonymous.

Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

#### How to Submit Form:

Please fax this form to: 416 621 9773 or mail to : Dom Lipa

52 Neilson Drive, Etobicoke, ON M9C 1V7

For more information, please call : 416 612 3820