



# DONATION FORM

PLEASE PRINT CLEARLY

This donation is on behalf of a company. Company Name: \_\_\_\_\_

I prefer to make this donation anonymously.

Contact Information		
* Indicates Required Information		
*First Name:	Middle Initial:	*Last Name:
*Street Address:		
*City:	*Prov.:	*Postal Code:
Phone:	Email Address:	

Memorial or Honorarium		
<input type="checkbox"/> This donation is a memorial for a deceased person. <input type="checkbox"/> This donation is an honorarium for a living person.	This donation is in memory or honor of (indicate name):	
Person to be notified of your gift (indicate name):		
Street address of person to be notified of your donation:		
City:	Prov.:	Postal Code:

Donation Information		
<i>(Please do not send cash.)</i>		
<input type="checkbox"/> My personal cheque is enclosed. <input type="checkbox"/> A money order or cashier's cheque is enclosed. <input type="checkbox"/> A company cheque is enclosed.	Cheque #:	Donation Amount:

Company Matching	
<i>(Please enclose your company's matching gift form.)</i>	
<input type="checkbox"/> My company will match my gift.	Company Name:

How did you hear about NLACL for Consideration?	
<i>(This knowledge helps us to optimize the use of our resources.)</i>	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet
<input type="checkbox"/> Magazine	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Family Member	<input type="checkbox"/> Flyer – Where did you see it?
<input type="checkbox"/> Other – Please Specify:	

Cheques should be made payable to: **Inclusion Canada Newfoundland and Labrador**. Please send this form along with your donation to: Inclusion Canada Newfoundland and Labrador  
P.O. Box 8414  
St. John's, NL A1B 3N7