



Donation Form

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Tel. (Res): _____

Tel. (Bus): _____

Email: _____

Tropicana Community Services serves youth, newcomers, members of the Caribbean & Black community and others in need. Thank you for your support. Together we are building a healthier community by enhancing self-reliance and self-esteem.

The value is not in the amount, but in the difference it makes in someone's life!

AREAS TO DESIGNATE YOUR DONATION:

- Where there is most need**
- Specific Program** _____
- Youth Education & Recreation**
- Employment Services**
- Day Care Services**
- Counselling Services**
- Building Organizational Capacity**
- Building Renovation Fund**
- Robert Brown Scholarship**

- I will be happy to receive more information about Tropicana Community Services**

Donation Options:

MONTHLY DONATION OF \$ _____

Preauthorized gift debited from my bank account
(please attach void cheque)

This donation is made on behalf of: *An individual* *A business*

Bank account debits will be processed on the 28th day of each month or the next business day. I acknowledge that I may revoke my authorization at any time, subject to providing notice of 30 days and I have certain recourse rights if any debit does not comply with this agreement. For more information I may contact my financial institution or visit www.cdnpay.ca

Signature

Preauthorized gift by credit card
(please complete information below)

Credit card debits will be processed on the 28th day of each month or the next business day. I acknowledge that I may revoke my authorization at any time, subject to providing notice of 30 days and I have certain recourse rights if any debit does not comply with this agreement. For more information I may contact my financial institution or visit www.cdnpay.ca

Signature

Post-dated cheques *(please attach post-dated cheques)*

ONE-TIME DONATION OF \$ _____

- Cash**
- Cheque payable to Tropicana Community Services**
- Credit Card** *(please complete information below)*

CREDIT CARD INFORMATION

Visa Mastercard Amex

Card #: _____

Expiry: _____

Signature: _____

Official Tax receipt required?

Yes No

Tax Receipts will be issued for donations \$20 or over.



FOR OFFICE USE ONLY

Date donation received: _____
Received by: _____



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Charitable Registration number: 11925-9885-RR0001