

DONATION FORM



Event: _____

Name: _____ E-mail: _____

Street Address: _____ Apt / Unit: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Do not add me to the mailing list You may release my contact information to the event organizer

Amount: \$ _____ Cash Cheque **Credit Card:** VISA MasterCard AMEX

Make cheques payable to: _____ One-time donation Monthly donation

Stephen Lewis Foundation

260 Spadina Ave., Suite 501

Toronto, ON M5T 2E4

Credit card #: _____

Expiry: ____/____ Signature: _____

Thank you for your support!

Charitable #: 89635 4008 RR0001

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