

0 N I A TI O N I TO /DE

## **General Donation Form**

Please print and complete this form then mail or fax to:
The Angel Foundation for Learning
80 Sheppard Avenue East
Toronto, ON M2N 6E8

□General □Monthly Donation (Monthly Donations please include	•	•		
<b>DONOR INFORMATION</b> Organization name (if applicable): _				
First Name:	Last Name:			
Address:				
City:	Province:		_Postal Code:	
Telephone Number: ()	Emai	il:		
I WOULD LIKE TO DONATE  □\$100 □\$75 □\$50	□\$25 □Other	·\$		
□Visa □Mastercard □A	merican Express	□Cheque (Paya	able to The Angel Found	ation for Learning)
CREDIT CARD#			EXPIRY/_	CVV
NAME ON CARD:				
SIGNATURE:				
ACKNOWLEDGEMENT CARD: The A specified below where appropriate.  ☐ No Card is required  ☐ Please send card to: First Name:		J		`,
Address:				
City:	Province:		_Postal Code:	
Personal Message				

The Angel Foundation for Learning is an official charity of the Toronto Catholic District School Board and has been serving the needs of students for over 30 years.