

**GENERAL INFORMATION**

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

<b>This gift is in memory of</b>	
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<b>With deepest sympathy from</b>	
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**DONOR INFORMATION**

<b>Donor Name</b>			
<b>Address</b>			
<b>Apt / Unit #</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	
<b>Home Telephone</b>		<b>ALT Number</b>	
<b>Email</b>			

<b>Amount of Gift</b>	\$	
<b>I wish to support</b>	<input type="checkbox"/> The area of greatest need <input type="checkbox"/> Autism Assistance <input type="checkbox"/> Canine Vision <input type="checkbox"/> Hearing Ear <input type="checkbox"/> Seizure Response <input type="checkbox"/> Special Skills	

My company matches donations

<b>Company Name</b>			
<b>Address</b>			
<b>Apt / Unit #</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	
<b>Telephone</b>		<b>ALT Number</b>	

## FAMILY INFORMATION

Please send an acknowledgement letter to the family at:

<b>Family Name</b>			
<b>Address</b>			
<b>Apt / Unit #</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	

## PAYMENT INFORMATION

<b>Payment Method</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque Enclosed (payable to "Lions Foundation of Canada")		
<b>Card Number</b>	-      -      -	<b>Exp.</b>	MM / YY

\_\_\_\_\_

Cardholder Signature

\_\_\_\_\_

Date

## COMMENT

I would like my gift to remain anonymous and not be published in any materials