



Donation Form

Please complete and return to VON staff, email to: michelle.betlem@von.ca, or mail to:

VON Durham Site
Donations Processing Centre
1615 Dundas Street E, West Building, Suite 304,
Whitby ON L1N 2L1

Charitable Registration #: 11928 4453 RR001

Contact Information

First Name		Last Name / Organization	
Address		City	
Telephone	() Ext:	Province	Postal Code
Email Address		Country	
For recognition purposes, I would like to be identified as:			

Donation Information (select all that apply)

<input checked="" type="checkbox"/>	Please direct my donation to a specific site : <u>VON Durham</u>
<input type="checkbox"/>	Please direct my donation to a specific VON Durham program area : _____
<input type="checkbox"/>	* I would like to make a Tribute/In Memoriam Gift Donation in the honour of: _____
	* If you are making a <i>Tribute/Memoriam Gift Donation</i> , please include the full address of the person you are acknowledging separately so we may send a letter of acknowledgement: _____ _____ _____

Payment Information

Option A: Single Donation

Donation Amount: \$ _____

- I've enclosed cash in the amount indicated above
OR
 I've enclosed a cheque made payable to VON
OR
 Please charge my: VISA MASTERCARD AMEX

Card #: _____

Expiry Date: ____/____/____

Name on card: _____

Signature: _____

Telephone: _____

Option B: Monthly Donation

Donation Amount: \$ _____ per month

- I've enclosed a blank cheque marked VOID, I authorize the Victorian Order of Nurses to deduct the amount I have specified on the 1st day of each month. I understand I may change or cancel my contribution at any time with written notice*
OR

I authorize the Victorian Order of Nurses to charge the amount I have specified on the 1st day of each month.

Please charge my: VISA MASTERCARD AMEX

Card #: _____

Expiry Date: ____/____/____

Name on card: _____

Signature: _____

Telephone: _____

*You have certain rights if any debit does not comply with this agreement. For further information on your right to cancel a Pre-Authorized Debit Agreement and/or recourse rights, please contact your financial institution or visit www.cdnpay.ca

Processed by: _____ Date: _____

(VON Staff Member)