



Donation Form

Closer to Home Community Services
 Suite 200, 1725 10 Ave SW
 Calgary, AB T3C 0K1
 403.543.0550 closertohome.com
giving@closertohome.com

DONATION INFORMATION			
<input type="checkbox"/> Financial Donation	<input type="checkbox"/> Personal	Monthly Gift \$ _____ per month	Single Gift/ One Time
	<input type="checkbox"/> Corporate	On the _____ day of each month	\$ _____
DONATION METHOD			
Gift Type	<input type="checkbox"/> Cheque (<i>payable to 'Closer to Home'</i>)	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card* <i>*Card information processed by CTH staff electronically in person</i>
<input type="checkbox"/> EFT			
DONOR INFORMATION – PLEASE PRINT CLEARLY			
First & Last Name			
Company Name (if a Corporate gift)			
Address			
City	Province	Postal Code	
Primary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Email Address WORK			
Email Address HOME			
Permission for Recognition	<input type="checkbox"/> Yes, CTH may recognize this donor in publications and/or on the CTH website/social media. RECOGNITION NAME _____		
Communication Opt-Out	<input type="checkbox"/> Please do <u>not</u> send me email communications from CTH except in relation to my donation.		
OTHER INFORMATION			
Notes / Comments			

OFFICE USE ONLY			
Form Completed By		Gift Received Date	
Approach		Fund	
Received By <i>(Print Name & Sign)</i>		Date	
Witnessed By (CASH) <i>(Print Name & Sign)</i>		Date	
Deposit Date		Deposited By <i>(Print & Sign Name)</i>	