



DONATION FORM
Charity #: 10777 1727 RR0001

Mail to: Nova Vita 59 North Park Road
Brantford, ON N3R 4J8

Donation Amount: \$ _____

Donation Frequency: **One-Time Donation**

Monthly Donation
(deduct monthly from my bank account or credit card)

Message and/or Instructions for Nova Vita:

Dedications & Gift Options:

Would you like to dedicate this donation?

Yes, as a gift in memory of _____

Yes, as a gift in honour/on behalf of _____

Tax Receipt & Privacy Information:

Donor Type: Personal Corporate/Group

Title: _____

First Name: _____

Last Name: _____

Company Name/Group: _____

Street Address: _____

City: _____

Country: _____

Province/State: _____

Postal/Zip Code: _____

Email: _____

How Would You Like to Have Your Receipt(s) Created?

- One receipt for the entire donation made out to the above information provided.
- Separate receipts for each individual in our group. Please contact me for individual information.
- One receipt at the end of the year for all donations made this year. (*Repeated donations only.*)

Payment Method

I would like to make my donation using the following payment method:

- Cheque or Money Order (enclosed) – VOID cheque for monthly bank withdrawals
- Credit Card (VISA, Mastercard)

Name (on card): _____ Expiry: _____ CSV: _____

Signature: _____ Date: _____

