



# Mission Association for Community Living

*"Building Bridges Together"*

## Donation Form

### Donor Information (please print)

Name:			
Street Address:			
City:	Postal Code:		
Telephone (home):	Telephone (business):		
Telephone (cell):	E-Mail:		

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_ one time only \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_ cash \_\_\_ check \_\_\_ direct debit (attach a void cheque).

Gift will be matched by \_\_\_\_\_ (company/family/foundation). \_\_\_ form enclosed \_\_\_ form will be forwarded

### Please direct my donation to (please select ONLY one)

- |  |   |
|--|---|
| <input type="checkbox"/> Area of most urgent need            | <input type="checkbox"/> Recreation and leisure programs    |
| <input type="checkbox"/> MACL general fund                   | <input type="checkbox"/> Family support                     |
| <input type="checkbox"/> Self-advocacy groups and activities | <input type="checkbox"/> Education and training initiatives |

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to be publicly recognized.

I (we) wish to have our gift remain anonymous.

This gift is being made in memory / in honour / in celebration of \_\_\_\_\_

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**Mission Association for Community Living or MACL**  
**33345 Second Avenue**  
**Mission, BC V2V 1K4**