



Mission Association for Community Living

33345 Second Avenue  
Mission, BC V2V 1K4

Phone: 604-826-9080

Fax: 604-826-9611

www.missionacl.org

## Donation Form

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

Donation of \$ \_\_\_\_\_ to be paid:  One time only  Monthly  Quarterly  Annually

Method of payment:  Cash  Cheque  Direct Debit (void cheque attached)

Gift will be matched by \_\_\_\_\_ (company/family/foundation)

Form enclosed  Form to follow

### 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"/> Family support                      | <input type="checkbox"/> Education and training initiatives |
| <input type="checkbox"/> Self-advocacy groups and activities |   |

### 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 \_\_\_\_\_

**Thank you for your support!**

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

**Mission Association for Community Living or MACL**

*\* Tax Receipts will be issued automatically for donations of \$10 or more.*

**Registered Charity Number 10770 6574 RR 0001**