



# Donation Form

## Donor Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, Prov, Postal Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Donation Information (Check the appropriate selection)

Donation Amount (Cdn Funds): \$ \_\_\_\_\_

Please direct my gift to the RM of St. Laurent

*Please use my gift to support the following areas within municipal programming:* \_\_\_\_\_  
\_\_\_\_\_

Please forward my gift to a charitable organization within the community

<b>Organization Name</b>	<b>Percentage/Value of donation to each</b>

## Memorial/Tribute Information

In Memory of: \_\_\_\_\_ From: \_\_\_\_\_

Or

In Honour of: \_\_\_\_\_ From: \_\_\_\_\_

## Donation Type

Cash     Cheque (# \_\_\_\_\_)     Debit     Internet Banking (Ref. # \_\_\_\_\_)

In-Kind - Description: \_\_\_\_\_

## Acknowledgement Option

Unless otherwise noted, the RM of St. Laurent will share your name and value of donation to the recipient so that they may contact you directly to send acknowledgment and thanks.

I wish to have my gift remain anonymous.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_