



UKRAINIAN CANADIAN CARE CENTRE

DONATION OF CASH / CHEQUE

First Name

Last Name

Address

City

Postal Code

Phone #

Email Address

METHOD OF PAYMENT

O CASH \$ _____

O CHEQUE \$ _____ CHQ # _____

REASON FOR DONATION

☐

Operations

☐

In Memory / Honour of _____

○ Request Acknowledgement to be sent to:

☐

Building Fund

☐

Other: _____

Donor Signature

Date

Thank you for your support!

OFFICE USE ONLY

Temp Receipt # _____

Employee Signature

Stamp of Date Received