



UKRAINIAN CANADIAN CARE CENTRE



DONATION FORM

☐ Yes, I am supporting the Care Centre's Scotiabank Toronto Waterfront Marathon Campaign for quality seniors' care.

Amount: \$ _____

Payment Method: ☐ Cheque ☐ Cash ☐ Credit Card

Credit Card Type _____ Credit Card Number _____

Expiry Date _____

MY CONTACT INFORMATION:

First Name

Last Name

Mailing Address

City Province Postal Code

Phone Number

E-Mail Address

Thank you for your support!

YOU HAVE HELPED US ENHANCE THE LIVES OF OUR RESIDENTS!

For more information, please contact
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