

Donation Form

Donation Details (*indicates a mandatory field)

Amount* \$ _____

This is a one time donation

This is a monthly donation to be deducted from my credit card each month for the next ____ months

Name* _____

Address* _____

City* _____ Province* _____ Postal Code* _____

Telephone* _____ Email _____

Method (please select one of the following methods)

Mail. I have filled out the form and my cheque or money order, payable to Pathways to Education, is attached. Please mail to the address below.

Credit Card. Please provide details and mail to the address below or fax to 416-860-9899.

Visa

MasterCard

Amex

Credit Card Number _____ Expiry Date: ____ / ____

Signature _____

I would like to direct my donation to (please select one)

Area of greatest need

Toronto, Regent Park

Toronto, Lawrence Heights

Toronto, Rexdale

Toronto, Scarborough

Verdun, Montreal

Hamilton

Ottawa

Kitchener

I wish to make my donation in the name of someone special

In honour of

In memory of

Occasion _____

Please send notification of my gift to:

Name* _____

Address* _____

City* _____ Province* _____ Postal Code* _____

Telephone* _____ Email _____

Yes! Please send me more information about Pathways to Education

I would like to receive a copy of your newsletter and other publications on an ongoing basis.

Please indicate your preferred method of delivery Mail or Email

THANK YOU FOR YOUR DONATION

You may also donate to Pathways online via our secure website at www.pathwayscanada.ca.