

Community Foundation of Mississauga Smart & Caring Communities Fund Donation Form

Donor Contact Informati	on (required for tax	x receipts)
Title: Miss/Mrs./Ms./Mr.		Donation Amount:
First Name:		Last Name:
Street Address:		
City/Prov:		Postal Code:
Day Phone:		Evening Phone:
Email:		
Payment Information		
□ Visa □	Mastercard	Credit Card #:
Expiry:	/	Name on Card:
Total amount chargeable:		\$
Signature:		
☐ Cheque enclosed made payable to the Community Foundation of Mississauga		
Please contact me to discuss other giving options (securities, bequests, insurance etc.)		
Fund Naming and Pledge Information		
I acknowledge that my gift will be added to the Smart & Caring Communities Fund, an endowed fund at the Foundation. Grants from this Fund will be directed towards organizations providing programs and services for children and youth in Mississauga.		
☐ I am interested in an opportunity to name my Fund within this initiative by making a gift of \$10,000 or more.		
☐ I will make a one time contribution of \$		
☐ I would like to fulfill my gift to create a named Fund through a pledge to make annual payments over: ☐ Two Years ☐ Three Years ☐ Four Years ☐ Five Years		
☐ I wish to remain anonymous and receive no public recognition of my gift		
Helpful Information		
 Tax receipts will be issued for gifts of \$20.00 or more. You can return your completed form by mail to the address below, send it by fax or you can scan the form and send it by email to info@CFofM.org. For major or planned gifts, the Foundation will contact you to ensure your directions are fulfilled accurately If you have any questions about this or other funds at the Foundation, please do not hesitate to call Eileen MacKenzie at 905-897-8880 		

Community Foundation of Mississauga, 1100 Central Parkway West, Unit 15, Lower Level, Mississauga, ON L5C 4E5

Phone: 905-897-8880 Fax: 905-897-7509 Web: www.CFofM.org

Charitable BN: 892395112 RR0001