



# BENJAMIN FOUNDATION DONATION ORDER FORM

DATE: \_\_\_\_\_ DONATION #: \_\_\_\_\_

IN MEMORY OF: \_\_\_\_\_

**TAX RECIEPT (Donor ID):**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**ADDRESS FOR TAX RECEIPT:**

STREET: \_\_\_\_\_ APT. SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**DONATION SIGNED FROM:**

\_\_\_\_\_

ADDRESS TO SEND ACKNOWLEDGEMENT: \_\_\_\_\_

\_\_\_\_\_

**AMOUNT OF DONATION \$** \_\_\_\_\_

**VISA ( )                      MASTER CARD ( )                      CHEQUE ( )**

**CARD #:** \_\_\_\_\_ **EXPIRY:** \_\_\_\_\_

**CARDHOLDER'S NAME:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**MESSAGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_