



# Donation Form

*Please fill out this donation form and indicate the type of donation you wish to make to the Richmond Hill Mobility and Accessibility Foundation*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

## Gift Option .....

*I would like to make a one time donation to the Richmond Hill Mobility and Accessibility Foundation.*

Enclosed please find a **Cheque** for \$ \_\_\_\_\_ payable to the Richmond Hill Mobility and Accessibility Foundation.

Please bill \$ \_\_\_\_\_ to my:

**Visa** Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Mastercard** Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Crosby Park Gift Option .....

*I would like to make a one time donation to the Crosby Park redevelopment project.*

Enclosed please find a **Cheque** for \$ \_\_\_\_\_ payable to the Richmond Hill Mobility and Accessibility Foundation.

Please bill \$ \_\_\_\_\_ to my:

**Visa** Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Mastercard** Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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