



## Chapter Donation Form

### Instructions

1. Complete the form.
2. Enclose form with cheque payable to Autism Ontario - Halton
3. Mail to address on the bottom of this form

Donor's Name: \_\_\_\_\_ Donation Amount: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Donation Type

**General Donation** to be put towards Autism Ontario - Halton programs and services

**In Honour of:** \_\_\_\_\_

**On the Occasion of:** \_\_\_\_\_

*Anniversary, Birthday, Graduation, Holiday, Retirement, Mother's Day/Father's Day*

**In Memory of:** \_\_\_\_\_

**I would like a card acknowledging my gift.**

Please send acknowledgement card to above address, or list address below where we can mail.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I would like a tax receipt for my donation (Available for donations of \$20.00 or more)

**Thank you for your contribution and support!**

Autism Ontario -Halton, 560 Guelph Line, Unit 8, Burlington, Ontario. L7R 3M4

Charitable # 11924 8789 RR0001