

**Burlington Family Resource Centre**  
**Donation Form**

**Contact Information**

Mr.       Mrs.       Miss       Mr. and Mrs.

Donor(s) Name: \_\_\_\_\_

*(This name will appear on the tax receipt)*

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

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

*Information gathered on this form is for internal use only.*

**Donation Information**

*I wish to make a donation in the amount of \$ \_\_\_\_\_.*

Enclosed in my cheque payable to Burlington Family Resource Centre.

I would prefer to pay by:

Cash donation made in person at any Burlington Family Resource Centre Site.  
(Please do not send cash)

Burlington Family Resource Centre  
710 Cumberland Avenue Burlington, ON L7N 3M9  
Charitable Registration # 120753454 RR0001

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