

# Memorial Donation Form



Please print in capital letters and complete the following information.

(By providing this information you consent to Threads of Life to collect, disclose, and use it for follow-up contacts, statistical purposes, and to process and recognize donations. Information will be disclosed to employees and agents of Threads of Life as necessary to accomplish these purposes. Name, and contact information are optional. If you do not wish to be identified please enter "Anonymous" for both the first and last name. Tax receipts cannot be issued to anonymous donors.)

**This gift is in memory of:**

## Donor Information

First and Last Name (or organization's name)			
Address Line 1:			
Address Line 2:			
City:	Prov:	Postal Code:	
Phone No:	Fax:	e-mail:	

**I would like to make a donation to Threads of Life in the amount of** (check one or fill in your desired amount):

<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other:
Payment method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque <i>Please make cheques payable to: Threads of Life, P.O. Box 9066, 1795 Ernest Ave, London, ON N6E 2V0</i>	<input type="checkbox"/> Credit Card <i>Credit card payments can be made on-line by going to <a href="http://www.threadsoflife.ca">www.threadsoflife.ca</a> and selecting the donation button</i>	

I would like a charitable receipt for income tax purpose (available for donation amounts of \$20.00 or more)

Wording on card/note:	
Sign card/note from:	
<i>The following field is for office use only.</i>	
Date card/note sent:	

Please send an acknowledgement card to:

Name:	
Address Line 1:	
Address Line 2:	
City:	Prov: Postal Code:

**Thank you for your support.**

*Our mission is to help families heal through a community of support and to promote the elimination of life-altering workplace injuries, illnesses and deaths.*

[www.threadsoflife.ca](http://www.threadsoflife.ca)