Donation Form

To make a donation to the clinic, please *print* this page, fill in the required information below, and return it to:

#200 - 66 Gerrard St. E.

Toronto, Ontario

M5B 1G3

Yes, I would like to support Hassle Free Clinic by making:

A single donation of: ☐$25 ☐$50 ☐$100 ☐$250 ☐Other: $____

A monthly donation of: ☐$5 ☐$10 ☐$20 ☐$50 ☐Other: $____

Date: _____

Name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Phone #: _____

Email: _____

_____ I have enclosed one cheque payable to the Hassle Free Clinic

_____ I have enclosed _____ post-dated cheques payable to Hassle Free Clinic

_____ I prefer to charge my credit card:

☐ MasterCard ☐ Visa ☐ American Express

#:_____ Expiry Date: _____/_____

Name as it appears on card: _____

Signature (if using credit card): _____

Thank you for your donation.

Your charitable tax receipt will be mailed to the name and address above. Charitable registration number 11895-4221 RR001