

# Donations Form



Name (please print) \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_ Province \* \_\_\_\_\_ Postal Code \* \_\_\_\_\_

Phone (home) \* \_\_\_\_\_ Email \* \_\_\_\_\_

\* - denotes required fields

**I will make a one-time contribution in the amount of \$ \_\_\_\_\_**

Pledge method:  Cheque  VISA  MasterCard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_

**OR**

**I will make monthly contributions using the pre-authorized monthly withdrawal program.**

I would like to donate \$ \_\_\_\_\_ per month, commencing on \_\_\_\_\_

*Please enclose a VOID cheque.*

Donation specifications (*optional*):  Area of greatest need

In memory of: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Please mail cheques to:

Robin Hood Association  
141 Broadway Boulevard  
Sherwood Park, Alberta T8H 2A4

Charitable Registration Number: 10790 6091 RR0001

*Tax receipts will be issued at the end of the year in which the donation was made.*

phone **780.467.7140** email **info@robinhoodassoc.com** web **www.robinhoodassoc.com**