

JUMPSTART IN MEMORY DONATION FORM



In memory of:

First Name:

Last Name:

If you would like Jumpstart to send an in-memoriam card on your behalf, please fill out the information below:

Card recipient information:

Salutation:

First Name:

Last Name

Address:

Personalized card message:

Sign card as:

I consent to share my name and mailing address with the card recipient if requested

Gift information:

Donation Amount:

Please indicate if you would like your donation to remain in a particular community:

Yes No

If you checked "Yes" above, please indicate the city and province of the community:

My information

The Canada Revenue Agency requires that donation receipts bear the name and address of the actual donor.

Salutation:

First Name:

Last Name:

Address:

Email address:

Phone number:

Payment information:

Cheque payable to Canadian Tire Jumpstart

Credit Card MasterCard Visa Amex

Card No.:

Name on Card:

Signature:

Expiry Date:

*Tax receipt will be mailed for all donations of \$20 and over

Yes, I would like to receive communications.

Please mail this form to:

Canadian Tire Jumpstart Charities, Attn: Memorial Donations
2180 Yonge Street, 8th Floor South, Toronto, ON M4P 2V8