**Canadian Tire Jumpstart Charities selected by family as charity of**

**Choice to receive donations in memory of a loved one**

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| \*Donation in Memory of: |
| \*Donation Amount: |
| Donation can be made by:  Cheque payable to **Canadian Tire Jumpstart**  **Credit Card □ Visa □ MasterCard □ Amex □**  **\***Tax receipt will be mailed for all donations of $20 and over |
| **\***Card No.: |
| **\***Name on Card: |
| **\***Signature: |
| \*Expiry Date: |
| \*Name of Donor: |
| Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Province/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If you would like Jumpstart to send an in-memoriam card on your behalf, please fill out the information below:**  Card recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Province/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ I consent to share my name and mailing address with the card recipient if requested  **Personalized message to be included in the card:** |
| **Please mail this form to:**    **Canadian Tire Jumpstart Charities**  **Attn: Memorial Donations**  **2180 Yonge Street, 8th Floor South, Toronto, ON M4P 2V8** |