Chebucto Connections Donation Form



			Contact	Details
Full Name:				
Address:				
City/Province:				Postal Code:
I would like	my donati	on to go t	owards su	pporting:
Area of greatest need		Child	Literacy	Outreach Programming/Advocacy
Food Insecurity		At Ris	At Risk Youth Programming	
Donation Amount				
\$25	\$50	\$100	\$250	Other
		Pa	yment Inf	ormation
Cheque enclosed (Payable to Chebucto Connections)				
Credit/Debit Card			rd Type	
Name on Card	l:			
Card Number:				Expiry Date:
Signature:				
Yes I want you Email:	ı to keep in	touch		
Send Complet Email: info@cl Mailing Addre	hebuctoco	nnections.	ca	: 01 Halifax, NS B3R 1X3

Office Use Only

Date Received:

Tax Receipt Issued:

Date Chq deposited/Credit Card Charged: