



Donation Form (Individual Only)

Donor Contact Information (Required For Tax Receipt)

Name: (First Name, Last Name) <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
Address:	
City, Province:	
Postal Code:	
Telephone #: (Day Time/Evening)	
Email Address:	
Donation Amount (\$): Tax Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No Tax receipts will only be issued for donations greater than \$20.00.	
Special Instructions (if any): Please indicate any restrictions on the donation. Otherwise, the donation will be considered general in nature without any restrictions.	
Payment Method:	<input type="checkbox"/> Cheque (Enclosed) <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash (Enclosed)
Cheque number or Last 4 digits of Credit Card:	
Signature:	
Date:	

For CPB Foundation Office Use Only:

	Full Name	Date	Signature
Form Submitted By:			
Form Received By:			

Please return the completed form by email at CPBFoundation@cpbmississauga.com

CPB Foundation's registered charitable business number: 861098861 RR0001
Office (By Appointment Only): 1675 The Chase, Unit 22, Mississauga, Ontario, L5M 5Y7
Website: www.cpbmississauga.com | Email: CPBFoundation@cpbmississauga.com