



**Printable Donation Form Instructions**

- 1. Print the completed form and sign if paying by credit card.
- 2. Mail completed form to the address on the right or email.
- 3. By telephone, please call **514-799-4000**.
- 4. By email, please send to [donate@unityforautism.ca](mailto:donate@unityforautism.ca)

2103 – 65 Skymark  
DriveNorth York, ON  
M2H 3N9  
Att: Michel Paradis

**Today's Date:**

**Contributor's Name:**

**Donation Amount:**

**One Time Donation**  **Yes** OR **Recurring**

**Every:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Daytime Phone Number:**

**Cell:**

**Email address:**

**Payment Type:**  **Cheque**  **Credit Card (Type)** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **Security Code on Back of Card** \_\_\_\_\_

**Signature** \_\_\_\_\_

**This donation is** **In honour of** \_\_\_\_\_

**In Memory of** \_\_\_\_\_

**Please send an acknowledgement that a generous gift has been made to:**

**Name:** \_\_\_\_\_

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

**Their Email Address:** \_\_\_\_\_