



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

UNITY FOR AUTISM
SPH202 - 112 George Street
Toronto, Ontario
M5A 2M5

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: _____