

Donation Form



Event: _____

Name: _____ Email: _____
First Last

Street Address: _____ Apt./Unit: _____

City: _____ Prov./Terr.: _____ Postal Code: _____ Phone: (_____) _____ - _____

I would like to receive updates from the Foundation by: email lettermail no updates, thank you

You may release my contact details to the event organizer.

Amount: \$ _____ Cash Cheque Credit Card: VISA MasterCard AMEX

One-time donation Monthly donation

Cardholder name: _____

Credit card #: _____ Expiry: ____/____
MM YY

Signature: _____

Make cheques payable to:
Stephen Lewis Foundation
260 Spadina Ave., Suite 501
Toronto, ON M5T 2E4

Thank you for your support!

Charitable Registration # 89635 4008 RR0001

Donation Form



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