



## DONATION FORM

### DONOR INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

### DONATION INFORMATION

I would like to make a monthly donation:

☐ \$60      ☐ \$45      ☐ \$30      ☐ \$15      ☐ My choice: \$ \_\_\_\_\_

I would like to make a single donation:

☐ \$180      ☐ \$135      ☐ \$90      ☐ \$45      ☐ My choice: \$ \_\_\_\_\_

### PAYMENT INFORMATION

☐ Cheque to: Action Against Hunger

☐ Credit card: ☐ Visa    ☐ MasterCard    ☐ American Express

Card number: \_\_\_\_\_ Expiry date: \_\_/\_\_\_\_

Name on the card: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

We issue tax receipts for all donations of \$10 or more.  
Charitable registration number: 83363 4678 RR0001

Action Against Hunger Canada  
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