



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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