



# Donation Form

## Donation Information

<b>Gift Type</b>  (please select one)	<input type="checkbox"/> <b>One time gift</b> I enclose a cheque or authorize MDC to use my credit card information
	<input type="checkbox"/> <b>Monthly gift using my bank account</b> I authorize MDC, on the first day of each month, to withdraw from my bank account the amount of my gift. I enclose a cheque marked <b>VOID</b>
	<input type="checkbox"/> <b>Monthly gift using my credit card</b> I authorize MDC, on the first day of each month, to withdraw from my credit card the amount of my gift.

<b>Financial Data</b>	<b>Gift Amount</b>	<b>Credit Card Information</b>		
	<input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>	<b>Type</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
		<b>Number</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
		<b>Expiry</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

## Donor Information

<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>			
<b>Name</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>	
<b>Suffix</b>	<input style="width: 100%;" type="text"/>			
<b>Street Address</b>	<input style="width: 100%;" type="text"/>			
<b>City</b>	<b>Prov</b>	<b>Postal Code</b>	<b>Country</b>	
<b>Phone</b>	<b>Home</b>	<b>Work</b>		
<b>Email</b>	<input style="width: 100%;" type="text"/>			
<b>Optional</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>		
<b>Signature</b>	<input style="width: 100%;" type="text"/>		<b>Date</b>	<input style="width: 100%;" type="text"/>

Please provide full mailing address and telephone contact information. Your official income tax receipt will be mailed to your attention.

## Thank You for supporting Muscular Dystrophy Canada

MDC Internal use only				
Unit	Appeal	Fund	Office	