



Please complete the information below to receive a tax receipt for your contribution.

Donor Information

Name: _____
 Street: _____ City: _____
 Postal Code: _____ Phone: _____ Fax: _____
 Email: _____
 Date of Donation: _____ Signature of Donor: _____
 Yes, CVC Foundation may publish my name in recognition of my contribution

Cash Donations

Amount of Donation: \$1000 \$500 \$250 \$100 Other: \$ _____

I would like to designate my donation to:

- The area of greatest need.
- Specific Program or Project - _____

Method of Payment:

Cash Cheque (Made payable to Credit Valley Conservation Foundation)
 Credit Card Type: Visa Mastercard American Express
 Card #: _____
 Expiration Date: _____ Signature: _____

In-Kind Contribution

Description of item (please provide complete information such as brand name, style, model number, artist, edition, number, size, etc.):

Fair Market Value \$ _____ (This means the highest price that the item would bring in an open market between a willing buyer and a willing seller who are both informed and knowledgeable about the item.)

Please return completed form and payment to:

Credit Valley Conservation Foundation
 1255 Old Derry Road, Mississauga L5N 6R4
 Tel: (905) 670-1615 Fax: 905-670-2210
 Email: foundation@creditvalleyca.ca
www.landscapesforlife.ca