



**YONGE
STREET
MISSION**

Thank you for supporting Yonge Street Mission!

Please mail or fax completed form to:
306 Gerrard Street East
Toronto, ON M5A 2G7
Phone: 416-929-9614 Fax: 416-929-7204
Email: donorservices@ysm.ca

Date: _____

Name: _____

(Receipt will be mailed to the address below)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone: _____

Type of Gift *(please choose one):*

General Donation

Designated Towards *(branch/program):* _____

Gift in Honour of *(Name of individual(s)):* _____

(Occasion): _____

Gift in Memory of *(Name of the deceased):* _____

Send an acknowledgement card to:

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Card signed *(name or names):* _____

Payment Method *(choose payment type below):*

Enclosed is my cheque in the amount of \$_____ payable to Yonge Street Mission

Please charge \$_____ to my credit card Visa MasterCard AMEX

Name on the card: _____

Card #: _____ Expiry: _____

Signature: _____



Thank you for your support!
Your contribution is tax-deductible.
Charitable Registration No. 119306181RR0001

