

## MEMBERSHIP AND DONATION FORMS



### Donor Information

Salutation: Mr. Mrs. Ms. Dr. Other: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Main Street Community does not sell, trade or otherwise share our mailing lists.

### Tribute Information

In Memory of: \_\_\_\_\_  
In Honour of: \_\_\_\_\_ Honour Reason: \_\_\_\_\_

Please send Acknowledgment Card to: No Card Required Name & Address Below

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Gift Information

Single Gift Amount: \$100 \$50 \$35 Other: \$ \_\_\_\_\_  
A tax receipt will be issued for donations of \$10 or more, unless requested.  
Single Gift Type: Cheque Enclosed (payable Main Street Community Services)  
DONATE ONLINE AT [www.mainstreetcommunityservices.com](http://www.mainstreetcommunityservices.com)

### Plan Information

Becoming a monthly supporter is the best way you can make a difference for children, individuals and their families 365 days a year. Benefits include special needs children.

FOR DONATIONS OVER 100.00 A HOODIE WITH THE MAINSTREET COMMUNITY SERVICES LOGO WILL BE GIVEN

ADULTS SM MED LARGE XLARGE XXLARGE YOUTH SM MED LARGE

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

*On Behalf of Main Street Community Services we would like to extend our deepest gratitude to you for not only your generosity Services but also for embracing community spirit.*

Main Street Community Services, 1453 Main Street, Box 432 Stittsville, Ont K2S 2E5  
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