



Radiothon DONATION FORM

Donor Information

Name(s) _____

Address _____

City/Town _____

Postal Code _____ Phone _____

Email #1 _____ Email #2 _____

By providing your email address to us, you consent to receive messages about our news and events. You may choose to unsubscribe at any time. We will never share your email address with anyone else.

I'd like to support Donation Amount \$ _____

Method of Payment:

Cheque

Credit Card

Card Number: _____

Name on Card: _____

Expiry Date: _____ CVV #: _____

Monthly Giving Program:

For your convenience, we offer an easy way to give monthly through automatic debit or credit card payments. Contact us at admin@mmlt.ca for more information.

Note: We appreciate your donation, and would like to acknowledge it publicly.

Please tick here if you prefer your contribution be kept confidential.

Registered Charity No. 87859 1007 RR0001