



Donation Form

YES! We would love to help support KARA Family Resource Centre

Date _____
Name _____
Company (If applicable) _____
Address _____ City _____
Province _____ Postal Code _____
Phone () _____ Fax () _____
Email _____

I am Donating:

Value \$ _____

I will make arrangements to deliver my donation.

Please contact me to arrange pick up of my donation.

Please issue a tax receipt for the above donation.

Gift Certificates cannot be receipted

I want to make a cash donation of \$ _____
<input type="checkbox"/> Cheque enclosed payable to KARA Family Resource Centre
<input type="checkbox"/> Visa / Master Card / AMEX (please circle one)
Card Holder's Name _____
Card Number _____ Expiry Date _____
Signature _____ Authorized Amount _____

Registered Charity BN # 11897-7800 RR0001

6717 132 Avenue, Edmonton AB T5C 2A4 Phone (780) 478-5396 Fax (780) 478-1979