

Donation Form

OXFORD HOUSE FOUNDATION EVENT

Name of event host: _____

Contact Information: _____
Phone _____ email _____

Name on credit card or cheque: _____
(For tax receipting purposes, if you are making a donation with company credit card or cheque, please include the company name.)

Address _____

City _____ Province _____ Postal Code _____

Day-Time Phone # _____ Email _____

Donation Amount:
(Please circle) \$35 \$50 \$100 \$250 Other \$ _____

Payment Method:
(Please circle) Cheque Cash Credit Card....

If paying by credit card:

Credit Card Type:
(Please Circle) Visa Master Card

Credit Card # _____

Expiry Date _____ 3-Digit Security # _____

Signature _____

By completing this form, you consent that Oxford House Foundation has the right to use the information to process and recognize your donation and for reporting, evaluation and statistical purposes.

Your email and phone number are collected in the event we need to contact you to confirm your donation information.

Please check here if you would like to receive emails about our progress.

We are a charitable non-profit society and a Canadian tax-deductible receipt will be issued to you. Our Charitable Registration number is: 891759748RR0001.



MAIN: 403 214-2046
info@oxfordhouse.ca

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