



文化更新研究中心  
Culture Regeneration Research Society  
CRRS Toronto Chapter  
www.crrstoronto.org  
416-786-9255



Date : \_\_\_\_\_  
(DD/MM/YY)

Ref : \_\_\_\_\_  
(For office use only)

## DONATION FORM

(by fax) 416-229-9771 (Cover page is not required), (by email) info@crrstoronto.org  
OR (by mail) P.O. Box 7247, 7060 Warden Avenue, Markham, ON L3R 5Y0

### Donor's Information (\*Mandatory information required by CRA for TAX RECEIPT)

\*Company or Individual Name ( as appear on TAX RECEIPT ) :

\_\_\_\_\_

Contact Name (for Company Only) : \_\_\_\_\_

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( An e-tax receipt will be sent to you via this email address )

### Category of Sponsorship

#### Student Sponsorship Project :

- 1 year per student : \$300  
 3 year per student : \$900

#### University Student - Entrance Year :

- 1 University student : \$ 900  
 3 University students : \$ 2,700

#### 3-Year Sponsorship Project (Amount to be paid annually) :

- 30 Students — \$ 9,000 per year x 3 years  
 50 Students — \$ 15,000 per year x 3 years

### \*\*Education Donation

My "One-time Donation" is

\$ \_\_\_\_\_

My "Monthly Donation" is

\$100     \$50     \$30     Other \$ \_\_\_\_\_

Start on \_\_\_\_\_ / \_\_\_\_\_ ( MM / YY )

( In the event you would like to cancel your monthly donation,  
please call our toll free number: 1-866-435-2777 )

### Payment Method

- A cheque is enclosed ( payable to " CRRS " )  
 Please charge my  Visa    or     Master Card

Card Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Name on Card : \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*Tax receipts will be issued for donations of \$20 or more. For one-time donations, tax receipts will be sent once donations have been processed. For monthly donations, tax receipts will be issued annually.