



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



Date : _____
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 (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)

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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 : \$330
 3 year per student : \$990

University Student - Entrance Year :

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

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

- 30 Students — \$ 9,900 per year x 3 years
 50 Students — \$ 16,500 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.