

# Donation Form

Thank you for making a donation to SMARTRISK. If you have any questions about donating to SMARTRISK, please contact Peter O'Neill, VP Operations, at [poneill@smartrisk.ca](mailto:poneill@smartrisk.ca) or 416-596-2702.

SMARTRISK  
 36 Eglinton West, Suite 704  
 Toronto, Ontario  
 M4R 1A1

## Yes, I want to help protect a generation with smart giving.

I am prepared to reach youth through SMARTRISK programs with life saving messages as a SMARTRISK subscriber. My donation amount is:

- \$ \_\_\_\_\_                       \$2,500 (reaches 400 youth)  
 \$500 (reaches 80 youth)         \$5,000 (reaches 800 youth)  
 \$1000 (reaches 160 youth)       \$10,000 (reaches 1600 youth)

I'd like to make an even bigger contribution, please call me:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I'd like to make a monthly donation of \$ \_\_\_\_\_

Charge my credit card (below) starting on \_\_\_\_\_ date

Please be assured:  
 You can change or cancel  
 your pre-authorized monthly  
 donation at any time, by  
 calling 1-888-537-7777  
 extension 2702

### Payment options:

- A cheque is enclosed payable to SMARTRISK  
 Please charge my credit card:     Visa     Mastercard     Am. Express

Card number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card holder's name \_\_\_\_\_

Signature \_\_\_\_\_

***Please send tax receipt to:***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

This gift is in memory of (name) \_\_\_\_\_

In memory donation acknowledgement to be sent to

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Thank you for your donation to SMARTRISK**