



\_\_\_\_\_ would like make a donation to **Easter Seals Ontario**  
*(Company or Individuals Name)*

In the amount of \$\_\_\_\_\_.

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company or Individuals Address:** \_\_\_\_\_

**City/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **ext.#** \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please send an Invoice:** \_\_\_\_\_ **or Please charge my:** Visa\_\_\_\_ M/C\_\_\_\_ AMEX\_\_\_\_

**Credit Card# :** \_\_\_\_\_ **exp:** \_\_-\_\_ / \_\_-\_\_

**Signature:** \_\_\_\_\_

**Would you like a tax receipt?** Yes No

**Note:** Tax receipts are available for donations of \$20 or above.

**PLEASE RETURN THIS FORM TO:**  
Easter Seals Ontario  
700-One Concorde Gate, Toronto, ON M3C 3N6  
Attention: Danielle Rea  
Fax: (416) 696-1035  
E-mail: [drea@easterseals.org](mailto:drea@easterseals.org)  
[www.computergolf.ca](http://www.computergolf.ca)