

Personal Donation Form

Please fill in the information and mail or fax this form to our office. Please print in BLOCK letters. Please sign form in the Payment Option section.

Personal Information

(An official tax receipt will be mailed to you within 30 days upon receipt of donation.)

Title:	Full name:
Full Address:	City and Province:
Postal Code:	Country:
Email:	Phone number:

Personal Gift

(All figures are in Canadian currency). [Click this link for an online currency converter.](#)

Option A: Single Donation

I would like to donate in the amount of (please select one or fill in the 'Other amount' option):

\$25.00
 \$50.00
 \$100.00
 \$300.00
 \$500.00
 Other: \$_____

By contributing \$25-\$99, you are in the Friend of the Society level of donation. By contributing \$100-\$299, you are in the Bronze Club. By donating \$300-\$499, you are in the Merit Club. And by donating \$500+, you are in the Distinction Club.

Option B: Monthly Plan

We will debit your credit card, deposit your cheque(s) or you may set up automatic monthly bank withdrawals. You may cancel anytime by calling the Lifesaving Society Ontario at 416-490-8844 or email fundraising@lifeguarding.com.

\$5.00
 \$10.00
 \$20.00
 \$25.00
 \$30.00
 \$40.00
 Other: \$_____

I would like my donation to begin on (MM/DD/YYYY): _____

Payment Options

Option A: Credit Card

Please complete this section if you wish to pay by Credit Card.

Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Purchase order #	<input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Credit Card #:	Cardholder's name:



LIFESAVING SOCIETY®
The Lifeguarding Experts

Expiry date:	CVV number (3 digits)
Cardholder's signature:	

Option B: Cheque or Money Order

Please complete this section if you wish to pay by Cheque or Money Order

I would like to pay by **Cheque** I would like to pay by **Money Order**

Please find enclosed a cheque or money order in the amount of \$ _____

Option C: Set-up automatic bank withdrawals

Please select here to set-up automatic bank withdrawals.

The Lifesaving Society account is 418442-06840-306921 and should be set up using your Personal Chequing Account.

I would like to pay via **Automatic Bank Withdrawal**.

Donation Fund

Please select one of the following funds for which to designate your donation. Please select one only.

- Water Smart® Public Education (e.g. Within Arms' Reach, Safety Tips)
- David and Olive Pretty Achieves Fund
- Presidents Leadership Fund
- Other: _____

Privacy Statement

The Lifesaving Society respects your privacy. We do not rent, trade, or sell our mailing lists, and we maintain the confidentiality of our donor information. Thank you for your support. You are our lifesavers!

Please select here if you DO NOT want your donation listed in the Annual Report.

Lifesaving Society
400 Consumers Road, Toronto, ON M2J 1P8
Phone: (416) 490-8844 Fax (416) 490-8766
Email: Fundraising@lifeguarding.com
Charitable Registration NO. (BN) 10809 7270 RR0001
Tax Receipts will be issued for donation of \$20.00 or more.
Help us save lives!