



LIFESAVING SOCIETY®  
The Lifeguarding Experts

## Memorial/Tribute Donation

### Help us save lives!

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:

### Type of Donation

Please select the type of donation you wish to make below.

**Memorial Donation** in memory of: \_\_\_\_\_

**Tribute Donation** in honour of: \_\_\_\_\_

Please complete the following information for the person you wish to receive a card on your behalf.

Title:	Full name:
Full Address:	City and Province:
Postal Code:	Country:
Email:	Phone number:
Your personal message (include how you would like the card signed)	I would like to designate my donation to:

### Memorial/Tribute Gift

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: \$\_\_\_\_\_



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## 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:
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 \$ \_\_\_\_\_

## 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 DO NOT list my donation in the Annual Report.
- Please DO NOT list my donation on the Lifesaving Society website ([www.lifesavingsociety.com](http://www.lifesavingsociety.com))

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Please make cheque or money orders payable to:

Lifesaving Society  
400 Consumers Road, Toronto, ON M2J 1P8  
Phone: (416) 490-8844 Fax (416) 490-8766  
Email: [Fundraising@lifeguarding.com](mailto:Fundraising@lifeguarding.com)  
Charitable Registration NO. (BN) 10809 7270 RR0001

Tax Receipts will be issued for donation of \$20.00 or more.