



Donation Form

DONATION DETAILS:

Donate Now: Donate Monthly:

Amount: \$ _____

Message for Prince Edward Island Association for Community Living:

DONOR & TAX RECEIPT INFORMATION:

Email: _____

Donor Type: Personal Business/Group

Company Name/Group: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

SELECT PAYMENT METHOD:

Cash Cheque Credit Card PayPal Gift Card

Card Holder Name: _____

Card Number: Visa Visa Debit MasterCard American Express

Expiry Date: (month/year) _____ CVN Number: _____

DEDICATION INFORMATION:

In memory of: _____

In honour of: _____

No Dedication

Mail to: PEI ACL
c/o Excel Accounting
13A Myrtle Street
Stratford, PE C1B 1P4

THANK YOU!