Compassion House FOUNDATION

Sorrentino's Compassion House

Donation Form

Name: _____ e mail:_____

Address: _____

City: _____ Province: _____ Postal Code: _____

☐ Donation in honour/memory of: _____

Method of Payment

☐ Cheque or money order (payable to Compassion House Foundation)

☐ VISA ☐ MasterCard Expiry Date: _____/_____

Credit Card #: _____

Signature: _____

Monthly Giving Option

I would like to make a monthly donation. I authorize the Compassion House Foundation to charge $_____ on the first day of each month beginning _____ _____ for _____ months.
Month Year

☐ VISA ☐ MasterCard Expiry Date: _____/_____

Credit Card #: _____

Signature: _____

Thank you for your donation. All donor information is confidential. We do not buy or sell donor names. Registered Charity #87166 7473 RR0001. Donations are tax deductible.

The completed form can be sent to:

Compassion House Foundation 10909-76 Ave, Edmonton, AB T6G 0J6
Phone: 780-425-7224 Fax: 780-429-3018 e: info@compassionhouse.org