



Community. Health. Wellness.

Charity Registration No. 10759 6306 RR0001

**Langs Community
Development Corporation**
Charity Registration No. 84431 1597 RR0001

**'IMAGINE A PLACE...'
CAPITAL CAMPAIGN DONATION FORM**

Name:	
Organization:	
Address:	
City, Province:	
Postal Code:	
Email Address:	
Phone Number:	

I would like to make a gift to the Capital Campaign:

Lump Sum / One-time Payment: \$ _____ (total)

OR

Multiple Payments:

Month / Year	Amount
	\$
	\$
	\$
Total Amount:	\$

Payment Type (Choose One Below):

Cheque (made payable to 'Langs Community Development Corporation')

<input type="checkbox"/>	Credit Card	Number:	Expiry:	CVV:
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Signature:	Date:
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OPTIONAL: If you would like to have your donation made in 'Honor' or 'Memory' of someone, please specify here:

<input type="checkbox"/> In honor of	Name of person donation is in honor or memory of: _____ Yes! Please send a card to acknowledge my donation to the following name and address:
<input type="checkbox"/> In memory of	

Please return this form with payment to:

Langs, 1145 Concession Road, Cambridge, ON N3H 4L5

THANK YOU FOR YOUR DONATION!

Charitable Receipts will be issued for all donations received over \$ 10