

**Mail-In Donation Form**

Please mail this completed form, along with your cheque to the Order of Malta Canadian Association.



**ORDER OF MALTA**  
Canadian Association

Donation Amount\* \$ \_\_\_\_\_

**To Support The Homeless Clinic Expansion in Toronto**

Yes, I would like my name to appear on the donation website *(for donations over \$2,000)* In honor of: \_\_\_\_\_

**Donor Information**

First and Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City\* \_\_\_\_\_ Prov\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_

E-mail \_\_\_\_\_

Yes, I would like to receive email from the Order of Malta

I would like my receipt:  emailed  Canada Post

**Payment Information**

My check is enclosed. Make checks payable to Order of Malta Canadian Association

My credit card information is below:

American Express  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please mail your gift to:  
Order of Malta Canadian Association  
C/o Vincent Rodo, Treasurer  
275 Sussex Drive, Ottawa, Ontario K1N 6Z1

Nonprofit Tax ID# 891458374RR0001

Your contribution is tax-deductible to the fullest extent allowable under law. The Canadian Association will provide all tax receipts via email unless otherwise specified in this form