



40B Toronto St S
Uxbridge, ON
L9P 1G9
BN# 895567543RR0001

Date of donation: _____

Name of Donor: _____

Donation Amount: _____

(Please make cheques payable to Uxbridge Loaves and Fishes Food Bank)

Is an income tax receipt required? *(amounts \$20 or greater)* YES _____ NO _____

Would you prefer the income tax receipt emailed? YES _____ NO _____

If yes, please provide us with your email address:

OR Mailing Address of Donor: _____

Is this donation in honour or in memory of someone? YES _____ NO _____

If yes, please provide the following information:

Name of person being remembered: _____

Name & Address of card recipient *(if desired)*:
