



MacPhee Centre for Creative Learning

# Contribution Form

*Where passion and purpose intersect*

Donor Information (please print or type)			
Full Name:			
Company (if applicable):			
Street Address:		City:	Postal Code:
Home Phone:	Cell Phone	Email:	
<input type="checkbox"/> I do not wish to receive additional electronic communication from the MacPhee Centre.			

Donation Information			
Donation Amount:		Payment preference: <input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> credit card <input type="checkbox"/> other: _____	
Credit Card Type:	Expiry Date: ____ / ____	Credit Card Number:	
Name on Credit Card:		Authorized Signature:	

Is this your first donation to the MacPhee Centre for Creative Learning? YES or NO

Charitable tax receipt needed YES or NO

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed forms with payment to:

MacPhee Centre for Creative Learning  
PO Box 325 STN MAIN | Dartmouth, NS B2Y 1G0  
P: (902) 469-2851 | macpheedcentre.org | @macpheedcentre  
Charitable Registration No: 805476264RR0001

OFFICE USE ONLY:
Date received: _____
TR #: _____
Date Issued: _____

Thank you for your support for youth in our community

