

## **In Memoriam/Tribute Donation Form**

*Your In Memoriam/Tribute donation remembers/honours a special person  
and provides vital support for services for seniors in York Region.*

*Please print this form and mail or fax to:*

### **Community Home Assistance to Seniors**

126 Wellington Street West, Suite 103

Aurora, ON L4G 2N9

Fax: (905) 713-1705

**Please circle:**      **In Memory of**      **In Honour of**      **In Appreciation of**

Person in whose memory/honour/appreciation the gift is being given:

Name: \_\_\_\_\_

Please send notification to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **Gift Information**

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Home

Business

Gift Amount: \$ \_\_\_\_\_

Please select one:      Visa      Mastercard      Cheque payable to CHATS

Receipt made out to (if different than above): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_