



Donation Form

All Kidz In was created to make organized sports accessible to all young athletes. We aim to assist young people in achieving their physical, educational, and personal goals by removing barriers to participation in sports. All grants will be reviewed and approved by our committee.

DONOR INFORMATION		
<input type="checkbox"/> Make a personal donation:	or	
<input type="checkbox"/> Make a donation on behalf of an organization		
First Name or Company:	Last Name:	
Address:		
City:		
Province:	Postal Code:	
Phone:	Email:	
GIFT INFORMATION		
This gift is a: <input type="checkbox"/> One-time gift <input type="checkbox"/> Monthly gift		
I am voluntarily and unconditionally donating \$ _____ to All Kidz In.		
This is a gift: <input type="checkbox"/> In memory or <input type="checkbox"/> In honour of: _____		
Please send a donation acknowledgement to:		
Name: _____		
Mailing Address: _____		
Please note that tax receipts will be emailed for eligible donations of \$20 and above. Do you wish to receive updates on achievements or information from All Kidz In? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PAYMENT INFORMATION		
Payment Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> ETransfer <input type="checkbox"/> Cheque		
Credit Card		
Credit Card Number:		
Name on Card:	Expiry Date:	Card Security Number (3 or 4 digit number):
Signature:		
For Monthly giving only: Monthly gifts are receipted annually.	Start date _____ mm/yyyy	End Date _____ mm/yyyy
Cheque		
Please note a 2% processing fee will be charged for all credit card payments. Please make cheques payable to All Kidz In and mail to: 30 Pennsylvania Ave., Unit 2, Concord, ON. L4K 4A5		