

# VAUGHAN CENTRE OF ABILITIES



NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RETURN BY MAIL: META CENTRE  
401 CHAMPAGNE DRIVE  
TORONTO, ONTARIO M3J 2C6

OR BY EMAIL: AORLANDO@METACENTRE.CA

WE WOULD LIKE TO DONATE AT THE FOLLOWING LEVEL:

A ROOM  
ROOM NAME: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PATH TO INDEPENDANCE - \$2,500

PATRON BRICK - \$1,000    FRIEND BRICK - \$500    ASSOCIATE BRICK - \$250

WE WOULD LIKE TO MAKE A DONATION IN THE AMOUNT OF: \$ \_\_\_\_\_

WE WOULD LIKE OUR DONATION ALLOCATED SPECIFICALLY TO THE FOLLOWING:  
(PLEASE CIRCLE ONE)

ART      CULINARY      FITNESS      MUSIC      SPORTS      TECHNOLOGY



PAYMENT (PLEASE MAKE CHEQUES PAYABLE TO META FOUNDATION):

TOTAL AMOUNT: \$ \_\_\_\_\_

PAYMENT METHOD:    CHEQUE       VISA       MASTERCARD

CARD NUMBER: \_\_\_\_\_ EXPIRY: \_\_\_\_\_ CVR: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TAX RECEIPTS WILL BE ISSUED FOR THE MAXIMUM ALLOWABLE AMOUNT IN ACCORDANCE WITH CRA REGULATIONS

DONATION FORM

FOR FURTHER INQUIRIES, PLEASE CONTACT ANTONET ORLANDO AT 416-736-0199 OR LU GALASSO AT 905-264-5962