

## Donation Form

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

Full address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Enclosed is a cheque for:**  \$50  \$100  \$500  \$1000  Other \$\_\_\_\_\_

(Please make payable to Cityfarm sponsor, **Personal Community Support Association**. Charitable receipts will be issued for amounts over \$25)

### Please indicate the type of gift you are making:

- I am supporting Cityfarm's **Growing Together Fund** (valuable unrestricted dollars that afford us the flexibility to address needs when and where they arise)
- I am supporting Cityfarm's **General Program Fund** (ensures program stability, staff continuity, and the essentials to run our programs)
- I am supporting a **Special Project or Event:** \_\_\_\_\_
- I am making a **Tribute Gift** in honor or memory of someone special
- Other: \_\_\_\_\_

### Gifts on behalf of someone special:

- My gift is in memory of: \_\_\_\_\_
  - My gift is in honour of: \_\_\_\_\_
- Please send a card acknowledging this gift to: (recipient's full address)
- \_\_\_\_\_

### Future Involvement:

- I would like to know about other opportunities to support Cityfarm
- I would like to receive Cityfarm's news and events emails
- I would like to become a Cityfarm volunteer.

**Questions or Comments:** \_\_\_\_\_

\_\_\_\_\_

**Please mail to:**

Personal Community Support Association,  
Box 34183 Kingsway Mall  
Edmonton, AB T5G 3G4