



Charitable Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: (home) _____

Phone: (work) _____

Email Address: _____

Payment Method:

VISA Mastercard Cheque/Money Order (payable to LDAC)

Credit Card Number _____

Expiry Date _____

Signature: _____

(must be signed to be valid)

Please do not trade my name with other organizations.

To complete your Monthly Giving registration, please return your completed form to our national office via facsimile or mail.

Learning Disabilities Association of Canada (LDAC)

250 City Centre, Suite 616 | Ottawa, ON K1R 6K7

Phone: (613) 238-5721 | **Fax:** (613) 235-5391 | **Toll Free:** 1-877-238-5332 | **Email:** donations@ldac-acta.ca

www.ldac-acta.ca | Charitable Registration Number: 11901 0312 RR0001