



## In Memory of a Loved One

In memory of: \_\_\_\_\_

Memorial donation amount: \$ \_\_\_\_\_

I wish to pay by  VISA  Mastercard

Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

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

(must be signed to be valid)

Cheque/Money order (Please make your cheque payable to LDAC.)

Please send my tax receipt to:

Send this card to: \_\_\_\_\_

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

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

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

Please send an acknowledgement letter (my name and address information only) to :

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

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

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

**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**