

Donation Form



BARBADOS CANADA FOUNDATION

"We help our youth create their future and strive to improve the lives of those in need."

Donor Information (please print or type)

Name _____

Address _____

City, Prov., Postal Code _____

Phone 1 | Phone 2 _____

Email _____

Donation Amount

\$50 \$100 \$250 \$500 Other \$..... Donation to be paid: now monthly.

Donation will be made in the form of: cheque Interac e-Transfer to treasurerbcf@gmail.com, or through: CanadaHelps.org.

Donation To Be Directed To

- | | |
|---|--|
| <input type="checkbox"/> The General Fund | <input type="checkbox"/> Bring On The Spring Event |
| <input type="checkbox"/> BCF Scholarships Program | <input type="checkbox"/> BCF Charity Golf Tournament |

The annual *Bring On The Spring Event* raises funds for equipment donations to the Queen Elizabeth Hospital, Barbados.

The annual *BCF Charity Golf Tournament* raises funds in support of the SickKids-Caribbean Initiative's Pediatric Nurse Training Program and Camp Jumoke - a summer camp for children with sickle cell anemia.

An administration fee of 10% of the amount donated (minimum - \$5.00) may be applied to donations to the BCF Scholarships Program, Bring On The Spring Event, or BCF Charity Golf Tournament.

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our donation remain anonymous.

Date _____

Barbados Canada Foundation
5 Lamont Avenue
Toronto, ON M1S 1A8
Registered Charity No 826156739 RR 0001