

Hearts for Christmas Donation Collection Sheet



Donor (First and Last Name OR Company/Organization Name)	Mailing Address Home (if donor is an individual) Business (if donor is a business)	City	Prov	Postal Code	Phone #	Amount \$	Payment Type
<i>Margaret Longlongname or ABC Company</i>	<i>123456 Verylongname Dr.</i>	<i>Halifax</i>	<i>NS</i>	<i>B3M 2J9</i>	<i>902-444-4444</i>	<i>\$100</i>	<i>Cheque/Cash</i>

1. Thank you for providing such meaningful support for families this Christmas.
2. Please forward all donations along with this form to Feed Nova Scotia, 67 Wright Avenue, Dartmouth, NS B3B 1H2
3. Charitable Donation Receipts will be mailed to eligible donors in keeping with Canada Revenue Agency guidelines. Please ensure we have complete contact information to do so.
4. Home addresses are required for individuals. Business addresses are required for companies and organizations.