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
Personal name or ABC Company	123456 Street Name Dr.	Halifax	NS	B3M 2J9	902-444-4444	\$100	Cheque/Cash

- 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.