

**DONWOOD COMMUNITY AGED CARE**

**THANK YOU FOR YOUR DONATION**

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

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donation Amount: $\_\_\_\_\_\_\_\_\_\_**

**(Over $2 is tax deductible)**

**Donation Receipt: Yes or No (Circle)**

**Credit Card Details:**

**Card: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Exp: \_ \_ / \_ \_**

**CRV: \_ \_ \_**

**Donwood appreciates your generous Donation.**

**All surpluses continue to go back to our residents, your contribution will help make a continued difference.**