DONATION INFORMATION



Opt	tion 1: Hock	ey Hall of Fai	me One-Time	Donation				
	Yes, I'll help preserve the history of hockey with my one-time donation. I will give a one-time gift of:							
	□ \$25 □ \$50 □ \$100 □ \$250 □ Other: \$					<u> </u>	_	
Opt	Option 2: Hockey Hall of Fame Monthly Donation							
	Yes, I'll become a monthly donor to help preserve the history of hockey all year.							
	I will give a monthly gift of:							
	\$10	\$15	\$ 25	□ \$50	☐ Other: \$	_		
•	You can change or cancel your monthly gifts at any time by calling 1-888-501-9770 or emailing donations@hhof.com. For further information about your right to cancel a PAD Agreement, as well as recourse rights, visit your financial institution or the website www.cdnpay.ca Allow 2-4 weeks for processing of first payment. You will receive one cumulative income tax receipt for the end of each calendar year.							
Thi	s Donation	Is Made On B	Sehalf Of:					
☐ an Individual ☐ a Business ☐ I would prefer to make this donation anonymous								
				gift of \$20 or more of residency outside		•	al donation receipts for income tax purposes	
	ing Informa		aa or your country	or residency dutient	ac or canada, min			
	=			Name/or Business Name		Initial	Last Name	
Addi	ress							
City	y Prov			се		Postal Code	Country	
Tel								
Pa	yment Opti	ons						
	Cheque (I have enclosed a cheque payable to Hockey Hall of Fame)							
Your full name (as it appears on Credit Card) Card Number Expiry (mm/yy) Secu							Security Code	
Sig	nature							
Em	ail address	:						

By providing your email address you are agreeing to receive emails from the Hockey Hall of Fame, including the latest news and initiatives of the Hockey Hall of Fame. You will have the ability to opt-out at any time.

Fax: (416) 360-1316

Mail: Hockey Hall of Fame

ATT: Preserve Our Game Campaign

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