



Donation Form

Donor Information

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

☐ Anonymous ☐ Recognition Name (if different than above) _____

☐ I give SEESA permission to publish my name on the annual donor list, which lists donor by category of giving.

Gift Amount

☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25 ☐ Other: _____

If you would like to do a recurring monthly gift,
please go to the donation page on our website

I would like to designate my donation to:

☐ Area of Greatest Need ☐ Gift Membership ☐ Memorial Donation

Name of Deceased: _____

Next of Kin Name and Address: _____

☐ I would like more information about leaving a gift in my will

☐ Please add me to your mailing list

Donation Method

☐ Cash ☐ Cheque ☐ Money Order ☐ Visa ☐ MC

Thank you for your gift.

A receipt for income tax purposes will be issued for donations \$20.00 and over.

Monthly Donors will be issued a yearly tax receipt at the end of the year.

Charitable number: 119157246RR0001

South East Edmonton Seniors Association

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