



Donation Form

Donor Information (for tax receipt purposes)

Mrs. ___ Mr. ___ Ms. ___ Other: _____
Name _____
Address _____
City _____ Province _____ Postal Code _____
Home Phone () _____ Work Phone () _____
Email _____

I would like my gift to be in the amount of
\$ _____

Payment Information

___ I have enclosed a cheque or money order payable to **Little Warriors**.

Please mail this form to:

Little Warriors
Suite 203, 10637 - 124 Street
Edmonton, AB
T5N 1S5

Tax receipts will be issued for \$25 or more, or on request
Tax receipts will be issued at the end of the year.

Charitable Registration Number – 84568 3168 RR0001

Thank you for your support!