



Charitable Donation Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code _____

Phone: (home) _____

Phone: (work) _____

Email Address: _____

Payment Method:

VISA Mastercard Cheque/Money Order (payable to LDAC)

Credit Card Number _____

Expiry Date _____

Signature: _____

(must be signed to be valid)

Please do not trade my name with other organizations.

Complete the Charitable Donation Form and mail to our national office.

Learning Disabilities Association of Canada (LDAC)

2420 Bank Street, Suite 20 | Ottawa, ON K1V 8S1

Phone: (613) 238-5721 | Email: info@ldac-acta.ca | www.ldac-acta.ca |

Charitable Registration Number: 11901 0312 RR0001