



Gawad Kalinga Canada (CRA Reg #: 841583917RR0001)
Ravine Park Plaza
PO Box 15574
Scarborough, ON M1C 4Z7

Form C

Date:

Name of Donor:			
Address:			
Telephone No.:		Email Address (Req'd)	

My donation is: C\$ Receipt Req'd: Yes No

Please direct my gift to (choose only one):

- ☐ Housing and Community Building Program
- ☐ Kusina ng Kalinga Feeding Program
- ☐ KLIK Mobile Education Program
- ☐ SEED (School for Experiential and Entrepreneurial Development) Scholarship Program
- ☐ Disaster Relief Program
- ☐ Support the work of Gawad Kalinga Canada
- ☐ Others (Please indicate): _____

Please make cheque payable to Gawad Kalinga Canada and provide the following information:

Bank:		Cheque #:		Date:	
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For use by GKC:

Prepared by Volunteer:		Rec'd by Treasurer	
Concurred by ED or Comm. Head:		Rec'd by Accountant	
Date of Input in e-Tapestry:		Ref #:	

NOTE:

Privacy policy: Gawad Kalinga Canada is committed to protecting your privacy. Personal information collected will only be used to process this request, send an acknowledgement, e-receipt, e-newsletter, updates and provide information for future events. Tax Receipts will be issued for donations of \$20 or more and will be sent by email during the 4th week of January of the following year.