

# DONOR INFORMATION

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(FULL MAILING ADDRESS)

(\_\_\_\_\_) \_\_\_\_\_  
(AREA CODE AND PHONE NUMBER)

A national, non-profit organization by and for persons who are hard of hearing.



A charitable receipt will be issued promptly for donations over \$20.00

Charitable Registration Number:  
889909396 RR0001

Donation Amount:

\$ \_\_\_\_\_

Cash / Cheque Enclosed

eTransfer  
(info@chha-ed.com)

Online Donation  
(www.chha-ed.com/about-chha-ed/donate)

# GIFT IN MEMORY

Enclosed is my gift in memory of:

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Please notify the following person(s) of this gift:

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(Name of family member or other)

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(Email Address)

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(Full Mailing Address - as alternative\* - )

Your gift will help support the work of CHHA Edmonton.



Jerry Forbes Centre

12122 68 Street

Edmonton, AB T5B 1R1

**Phone** (780) 428-6622 (voice/tty)

**Email** [info@chha-ed.com](mailto:info@chha-ed.com)

**Website** [www.chha-ed.com](http://www.chha-ed.com)