

Donor Information

FIRST NAME		LAST NAME	
STREET NUMBER	STREET NAME		APT / SUITE
CITY		PROVINCE Ontario	POSTAL CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	

Donation Information (Complete both sections)

MONTHLY DONATION TO MY PROVINCIAL LIBERAL ASSOCIATION <input type="checkbox"/> \$5.00 OR <input type="checkbox"/> \$ (choose amount - up to \$135.41)	MONTHLY DONATION TO THE ONTARIO LIBERAL PARTY <input type="checkbox"/> \$5.00 OR <input type="checkbox"/> \$ (choose amount - up to \$135.41)
MAKE MY LOCAL DONATION OUT TO (PROVINCIAL LIBERAL ASSOCIATION NAME):	

Payment Information

Pay by cheque payable to:

Pay by credit card →

NAME ON CREDIT CARD		
CARD NUMBER	CSC	EXPIRY DATE
SIGNATURE		

Last Step

Required — I certify that I am a resident of Ontario and that I am making this donation with my own funds.

Return completed form to:
(Riding association address)

