



**Charitable Donation Form** (please PRINT all information)

**Thank you for supporting research and growth in your profession.** The Canadian Optometric Education Trust Fund (COETF) will issue charitable receipts for donations\*. For information on bequests and estate giving and other types of donations please visit [www.coetf.ca](http://www.coetf.ca).

**Please provide the following information for receipt purposes:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Publicity:**

- From time to time we may compile and publicize a list of donors. We will list your donation under your name unless otherwise instructed here (e.g. my family, on behalf of someone else, on behalf of an estate etc.).
- Please show the donation as coming from an anonymous donor.

**I / We are donating to the Canadian Optometric Education Trust Fund in the amount of:**

- 1,000.00
- 500.00
- 250.00
- 100.00
- Other amount: \_\_\_\_\_
- One-time payment
- Monthly for \_\_\_ months
- Annually for \_\_\_ years

Initials: \_\_\_\_\_

**SPECIFY FUND:**  COETF General Fund  Dorrie Morrow Memorial Fund  David McKenna Fund

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**METHOD OF PAYMENT:**

- Cheque (please make cheque payable to: COETF)
- VISA
- MasterCard

Card number information will be maintained in a confidential file at the Canadian Association of Optometrists (CAO) and used only for purposes of fulfilling your COETF pledge.

Card number: \_\_\_\_\_ CVN Code: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Print name on card: \_\_\_\_\_ Tel # of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your support of the COETF. CRA Charity Registration # 118834852  
 Please return this completed pledge form to your provincial fundraising chairperson, or mail it to:  
 COETF 151 Archie Street, Woodlawn, ON, K0A 3M0  
 email: [coetf@outlook.com](mailto:coetf@outlook.com) donate online at [www.coetf.ca](http://www.coetf.ca)