DONATION FORM

Please complete the form below and send it along your donation cheque. This form will ensure we have your correct mailing address to send your tax receipt.

Tax receipts will be issued for donations of $25 and higher.

First Name: _____

Last Name: _____

Address: _____

City _____ Province _____ Postal Code _____

Donation Amount: $_____

Please mail cheques to :

Zoroastrian Society of Ontario
Attn: Treasurer
3590 Bayview Ave
North York, ON, M2M 3S6

**All cheques payable to Zoroastrian Society of Ontario