Parks & Recreation/Music Centre
Burlington Teen Tour Band – Donation
Payment Authorization Form

Name: _____ **Organization** _____
(If applicable)

Address: _____ **Unit #:** _____

City: _____ **Postal Code:** _____

Phone (Bus): (____) _____ **(Res):** (___) _____

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☐ **CHEQUE(S) Please make cheques payable to City of Burlington**

☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS**

Expiry Date: ☐☐ / ☐☐
Mo Yr

Security Code | | | |

Donation Amount $ _____ **Donations of $25.00 or more will be issued a Tax Receipt**

Card Holder Name: (please print): _____

Signature: (not valid unless signed) _____ **Date:** ____/____/_____
M D YR

The collection, use and disclosure of personal information is governed by the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990, c.M.56

Mailing Address: Burlington Music Centre
PO Box 5013
Burlington, ON
L7R 3Z6
Attn: Laura Filman