



Mission Statement

The Mission of the School Lunch Association is to operate a non-stigmatizing program that provides a hot nutritious lunch for primary and elementary children, regardless of their ability to pay.

Charity Business # 13591 2319 RR0001

Donor Information (please print)

Name _____
Mailing Address _____
City _____
Province _____
Postal Code _____
Telephone (home) _____
Telephone (business) _____
Fax _____
E-mail _____

Donation Information

I (we) pledge a total of \$ _____

I (we) plan to make this contribution in the form of:
____ cash ____ cheque ____ credit card ____ other

Credit card type _____
Credit card number _____
Expiration date _____
Authorized signature _____

Gift will be matched by _____
(company/family/foundation)
____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

____ I (we) wish to have our gift remain anonymous.

Signature(s) _____
Date _____

Please make cheques, corporate matches, or other gifts payable to:

School Lunch Association
40 Newtown Rd. (Macpherson School)
St. John's, NL
A1C 4E1