



Make a Donation

Personal Information

PREFIX NAME

Mrs.

CONTACT FIRST NAME

Enter your first name

CONTACT LAST NAME

Enter your last name

COMPANY NAME *(Optional)*

Enter the company name

EMAIL*

Enter your contact email ...

ADDRESS

Enter your contact address

CITY*

Enter your city

STATE/PROVINCE

Enter state/province

ZIP/POSTAL CODE

Enter ZIP/postal code

PHONE

Enter contact phone

FAX

Enter your FAX number

PHONE *(Other)*

Enter secondary contact ...

Donation Details

GIFT TO A SPECIFIC PROGRAM OR SERVICE

Where it is Needed Most ... ▼

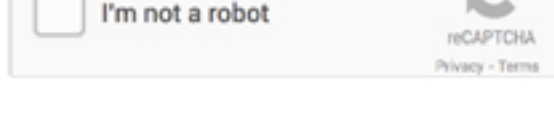
THIS GIFT IS IN HONOUR OF

Name of honouree

THIS GIFT IS IN MEMORY OF

Person being commemorated

☐ I would like my gift to remain anonymous.



Donate



MEMBER PORTAL

Lansdowne Children's Centre Foundation
39 Mount Pleasant Street, Brantford, ON N3T 1S7

Tel: 519-753-3153 | Fax: 519-753-5927

