



MAHAMEVNAWA

Buddhist Monastery - Toronto

11175 Kennedy Road, Markham, Ontario, L6C 1P2, Canada
 Phone: 905-927-7117 Email: info@mahamevnawa.ca Web: www.mahamevnawa.ca

CHARITY REGISTRATION NUMBER: 85407 9653 RR0001

Utility Donation Registration Form

Personal Information				
Mr./Ms.	First Name:			
Middle Name(s):				
Last Name:				
<i>Contact Details</i>				
Street/Apt. No:	Street Name:			
City:	Province:	Postal Code:		
Tel (Home): ()		Tel (Mobile/Other): ()		
E-mail:			Preferred Method for Reminders: Email Phone	
Available Utility Donations to Select				
Repeatable Donations				
#	Type	Description	Repeating Frequency	Onetime Cost
<input type="checkbox"/>	Birthdays	In memory of birth days	YEARLY	\$75.00
<input type="checkbox"/>	Obituary	In the memory of loss of love one	YEARLY	\$75.00
<input type="checkbox"/>	Main SIL Day Cost	Utility cost (water /electricity /heating) [Portion]	MONTHLY	\$250.00
<input type="checkbox"/>	Eng. SIL Day Cost	Utility cost (water /electricity /heating) [Portion]	MONTHLY	\$150.00
<input type="checkbox"/>	Snow Removal	Seasonal cost of snow removal cost [Portion]	YEARLY	\$500.00
<input type="checkbox"/>	Vesak Day	Utility cost (water /electricity /heating) [Portion]	YEARLY	\$300.00
<input type="checkbox"/>	Poson Day	Utility cost (water /electricity /heating) [Portion]	YEARLY	\$300.00
<input type="checkbox"/>	Children Program	Cost of monthly children program	MONTHLY	\$200.00
Onetime Donations				
#	Type	Description	Specify Date Selected	Event Cost
<input type="checkbox"/>	Hydro Cost	Average day cost of water bill	<Specify preferred date>	\$100.00
<input type="checkbox"/>	Heating Cost	Average day cost of Heating bill	<Specify preferred date>	\$100.00
<input type="checkbox"/>	Electricity Cost	Average day cost of Electricity bill	<Specify preferred date>	\$100.00
<input type="checkbox"/>	Aloka Puja	Outside lighting cost	<Specify preferred date>	\$50.00
<input type="checkbox"/>	Evening Puja	Sponsor the cost of program	<Specify preferred date>	\$50.00
<input type="checkbox"/>	Outdoor Event	Sponsor the cost of program	<Specify preferred date>	\$500.00
Comments:				
Signature of Applicant:			Date: YYYY / MM / DD	

Office Use Only	
Approved By:	Date Received: YYYY / MM / DD
Comments:	
Signature of Approver:	Date: YYYY / MM / DD