

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

**YES**, I want to support Carefor's traditional and innovative **not-for-profit home care** and **community support services!**

I would like to make a **one-time tax-deductible donation** in the amount of:

\$50    \$75    \$100    \_\_\_\_\_ Other

I've enclosed a **cheque** made payable to Carefor Health & Community Services

**OR**

Please charge my **credit card** for the amount indicated above:

        

Card #: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

### Pre-Authorized Monthly Giving Plan

I prefer to become a monthly Carefor donor. **Every month, I would like to give:**

\$5    \$10    \$20    \$30(\$1/day)    \_\_\_\_\_ Other

This agreement can be modified or cancelled by calling 613-749-0239 x2147

I've enclosed a blank **cheque** marked VOID. I authorize Carefor Health & Community Services to deduct the amount specified on the first of every month from the account number on the cheque

**OR**

Please charge my **credit card** every month for the amount I have indicated:

        

Card #: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_