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Name _____

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Email _____

Yes, I would like to Help Change a Child's Life!

ONE TIME DONATION

Please accept my one time donation of \$_____

Cheque Enclosed, Credit Card (provide details below)

MONTHLY GIVING PLAN

I authorize the Foundation to deduct \$_____ from my credit card on the 15th of each month. (provide details below)

Visa MasterCard

_____ / _____
Card Number Expiry

_____ _____
Signature Date

Thank you for your support.

Please make cheques payable to: *The Hincks-Dellcrest Foundation*
An official receipt will be issued for income tax purposes