



MOORELANDS

Community Services

Because Every Kid Deserves a Childhood

My Personal Information

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Res Phone: (____) _____ Bus Phone: (____) _____ Fax: (____) _____

E-mail: _____

Donation Information

I would like to make a monthly donation of:

\$10 \$15 \$20 Other Amount \$ _____

Please direct my gift to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Where Needed Most | <input type="checkbox"/> City Programs (After-School) | <input type="checkbox"/> Rebuild Moorelands Camp |
| <input type="checkbox"/> Baby Bundles | <input type="checkbox"/> City Programs (Youth Leadership) | <input type="checkbox"/> Send a Kid to Camp |
| <input type="checkbox"/> Christmas Sharing | <input type="checkbox"/> City Programs (Day Camp) | <input type="checkbox"/> Wilderness Camp |
| <input type="checkbox"/> City Programs (General) | <input type="checkbox"/> City Programs Expansion Campaign | |

Payment Information

Charge my credit card: VISA MasterCard

Card Holder Name: _____

Card Number: _____ Expiry Date (mm/yr): ____/____

Make a direct bank withdrawal from my account: Savings Chequing
** Please include a VOID CHEQUE with this form **

Financial Institution: _____

Institution Address: _____

I (we) warrant that all persons whose signatures are required on the account have signed this agreement.

Signature

Date

Signature

Date