

Name: _____

Address: _____ City: _____

Postal Code: _____ Tel #: _____

E-Mail Address: _____

Amount of Donation: \$ _____

Donation Frequency: One-time donation
 Repeating donation, deducted monthly from my credit card
(or if a bank account, please provide a void cheque)

Please charge my Credit Card: Visa Master Card AMEX

Card #: _____ Expiry Date: _____

Signature: _____

OR Cheque made payable to Community Living Oshawa/Clarington enclosed

<p>My Gift is...</p> <p>In memory of _____</p> <p>In Honour of _____</p> <p>Please send notification of my gift to:</p> <p>Name _____</p> <p>Address: _____</p> <p>City, Prov.: _____ Postal Code: _____</p>
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Tel: 905-576-3011 - Fax: 905-576-9754 - E-mail: info@communitylivingoc.ca

Charitable Business # 10809 1307 RR0001