

## Give a neighbour the gift of independence and dignity today.

Full Name(s):	Telephone:
Mailing Address: Unit, Number & Street	
City: Province	e: Postal Code:
Email:	
<ul> <li>I would like to receive the monthly Community Support Connections e-newsletter via email. (please ensure you have provided your email address above)</li> <li>I would prefer to receive future Community Support Connections communications via email. (please ensure you have provided your email address above)</li> <li>I would like my donation to remain anonymous for recognition purposes.</li> <li>I would like to receive infomation regarding planned giving.</li> </ul>	
GIVE A MONTHLY GIFT  I would like to provide stable funding throughout the year with my gift of:  \$10 per month  \$25 per month  \$50 per month  per month  I attached a VOID cheque for automatic monthly withdrawals.  I included my credit card information below.	GIVE A ONE-TIME GIFT  I would like to give:  \$25 \$75 \$150 \$500 \$ I attached a VOID cheque for an automatic withdrawal.  I included my credit card information below.
If making a monthly donation, I understand that my donation will be charged or withdrawn on the 2nd of every month and that I can adjust or cancel my monthly donation at any time by contacting Community Support Connections' business office.	
Credit Card Type: VISA MasterCard	☐ VISA Debit ☐ MasterCard Debit
Card Number:	Expiry:
Name Card:	
Signature:	
Please return this form by mail or in person to: Community Support Connections  61 Woolwich St.N., BO Box 30, Broslav, ON NOR 1M0	
61 Woolwich St N., PO Box 29, Breslau, ON N0B 1M0 As we have transitioned to an annual receipting process, you can expect your tax receipt at the start of the next calendar year.	

## PREFER TO DONATE ONLINE?

Donate on our website at www.communitysupportconnections.org/helpaneighbour or by scanning the QR code on the right.



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