WAR child EDUCATION OPPORTUNITY JUSTICE

ONE-TIME: $50 $150 $300 $500 $1,000 or: $_____

MONTHLY: $20 $30 $40 $50 $100 or: $_____

Personal Detail:

Title(s):	First Name(s):	Last Name(s):
Organization (if applicable):		
Street Address:		
City:	Prov:	Postal:
Postal:		Phone:

Check any that apply:

- ☐ Send me information about remembering War Child in my Will
- ☐ Do not send me any paper mail
- ☐ Do not trade my name with like-minded organizations
- ☐ I am sending the proceeds from a fundraising event
- ☐ Do not acknowledge my gift publicly (such as in an Annual Report)

Are you giving this gift in honour, memory, or in tribute to someone?
If so, please provide their name and information below if you would like to have them notified of the gift:

_____

_____

Payment Details:

Cardholder Name:		
Number (16 digits):	Expiry date (MM/YY):	CVV:

Card Type:

☐ Visa
☐ MasterCard
☐ American Express

OR

☐ I have enclosed a cheque for my one-time gift
☐ I have enclosed a VOID cheque for my monthly gifts

Monthly donations can be cancelled at any time. Donations are deducted on the 15th day of each month. Monthly donor receipts are issued annually for their cumulative amount.

Signature _____ Full Name (please print) _____ Date _____

489 COLLEGE ST. SUITE 500 TORONTO ON M6G 1A5 **PHONE** 416.971.7474. **FAX** 416.971.7946. **TOLL FREE** 1.866.927.2445