

Your donation will help to make a difference in the life of a child with special needs and their family. Thank you for your support.

☐ Mr. ☐ Mrs. ☐ Ms.	☐ Miss ☐ Dr.	
First Name	Last Name	
Address		
City	Province	Postal Code:
Phone	Email(op	tional)
I wish to contribute:		
	00 □\$250 □ Other \$_	
		e Jeffrey Children's Foundation
☐ I prefer to charge i	my Credit Card for donati	on amount \$
☐ Visa ☐ Masterca	ard	
Card #	Expiry Date	
Signature		
My gift is (please spe	cify):	
☐ In memory of		🗖 In honour of
5 1 11 11		
-	-	n that you would like an acknowledgement sent to:
		Address
City	Province	Postal Code
My instructions are:		
☐ You may publish my	name as supporter	
☐ I wish my gift to rem	ain anonymous	
	deductible, however, to red f \$10 or more unless request	duce administrative costs, receipts will be issued ed by checking here.
Mail or deliver this for George Jeffrey Childr 200 E Brock St Thunder Bay ON P7E Fax to 807-623-7161		o:

Charitable Registration Number: 85469 6770 RR0001

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