

*Yes, I would like to join the Monthly Planned Giving Program*



Name \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ Postal Code

\_\_\_\_\_ Telephone

I would like to make a donation of  \$50  \$20  \$10  \$ \_\_\_\_\_

*Payment Options*



VISA  Debit

M/C

*Should you choose to donate by debit or credit card, a member of Community Living Chatham-Kent will contact you to collect your information*

By cheque (payable to Community Living Chatham-Kent). Enclosed is a voided cheque.

Please provide me information about including Community Living Chatham-Kent in my Will.

Tax receipts will be issued for all donations over \$20  
Official charitable registration number 100931203RR0001

Information provided is strictly confidential and will not be sold or traded with any organization.

