



Canadian Relief Foundation

Please mail or fax completed form to:
150 Brant Avenue, Brantford, Ontario.
N3T3H7. CANADA
Tel: (519) 758-0397 Fax: (519) 720-0282
<http://www.canadianrelief.ca>

DONATION FORM

PLEASE TELL US ABOUT YOURSELF

Mr. Dr. Mrs. Ms. **PLEASE PRINT LEGIBLY**

Surname: _____ Given: _____ Initial: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Home telephone: () _____ - _____ Office: () _____ - _____

Email: _____ **May we contact/update you by email to save costs? Yes No**

WHICH PROJECT(S) WOULD YOU LIKE TO SUPPORT?

Which country/region do you wish to help: _____

- 1. Emergency Relief \$ _____
- 2. Orphanage (upkeep, hygiene, nutritional projects) \$ _____
- 3. Orphan/family sponsorship \$ _____
- 4. Health projects (hospitals, medicines, supplies, etc.) \$ _____
- 5. Educational projects (schools, stationery, supplies, etc.) \$ _____
- 6. Widow Income generation projects \$ _____
- 7. Wells/Water and agriculture \$ _____

WHERE NEEDED THE MOST: \$ _____

One time donation amount: \$ _____ Payment enclosed? Yes No

Pledge amount: \$ _____ PER MONTH

CREDIT CARD PAYMENT (Try On-Line Donations – www.canadianrelief.ca)

Please bill my: VISA Mastercard Card holder name: _____

Card Number: _____ Expiry: Month: _____ Year: _____

Authorized signature: _____

PRE-AUTHORIZED BANKING DATA

Bank: _____ Branch address: _____

Transit Number: _____ Account Number: _____

I, the undersigned, hereby authorize Canadian Relief Foundation, to withdraw the amount specified above from my account on the 1st day of each month. I reserve the right to change or stop this agreement at any time by writing to Canadian Relief Foundation at the address above.

Pledge Start date: M _____ D _____ 200_____ Signature: _____

******* PLEASE REMEMBER TO ATTACH A VOID CHEQUE *******