



Yes! I want to help children and youth in need.

Enclosed is my donation of:  \$500  \$250  \$100  \$50  Other \$ \_\_\_\_\_

MAIL TO:
Kinark Foundation
500 Hood Road, Suite 200
Markham, Ontario L3R 9Z3

Foundation office:
Tel: 905-944-7086 Fax: 905-474-1448

The Kinark Foundation raises funds in support of Kinark Child and Family Services and other charitable organizations.

Charitable Registration Number:
83823 6164 RR0001

Tax receipts will be provided for gifts over \$20.

For tax receipt purposes and donor list in the Annual Report, please use:

My name as provided
Or  \_\_\_\_\_

I prefer to remain anonymous.

I do not wish to receive any future correspondence from Kinark Foundation or Kinark Child and Family Services beyond donation acknowledgement.

Thank you for your support!

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I have enclosed one cheque (payable to: Kinark Foundation)
 I have enclosed \_\_\_\_\_ post-dated cheques
 Please charge my credit card:  Visa  MasterCard  AMEX
 I would like to join the Monthly Giving Program (Complete information below)
 This is a tribute gift (Complete information on next page)

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Please direct my gift to:

Where it's needed most  Specific Project: \_\_\_\_\_

Monthly Giving Program: I hereby authorize Kinark Foundation to arrange automatic withdrawals from my credit card (on the 15th day of each month). I understand that I may cancel this authorization at any time by contacting the Foundation.

I would like to make a monthly donation in the amount of:

\$50  \$25  \$20  \$15  \$10  Other \$ \_\_\_\_\_

Please charge my:  Visa  MasterCard  AMEX

Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Charitable receipts for monthly donations will be issued for the total amount donated per calendar year and will be processed and mailed following the end of the calendar year.



**FOR TRIBUTE GIFTS**

This gift is made

IN HONOUR of: \_\_\_\_\_

IN MEMORY of: \_\_\_\_\_

Please send notification to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_