

Simply print out, complete then mail this form to:

Children's Ability Fund  
10024 164 St NW  
Edmonton AB T5P 4Y3

Charitable Registration # 119059756 RR0001  
[www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)



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

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

City: \_\_\_\_\_

Prov: \_\_\_\_\_ PC \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

☆ **Yes, I wish to make a donation of:**

\_\_\_\_\_ \$ 500    \_\_\_\_\_ \$ 250    \_\_\_\_\_ \$ 100    \_\_\_\_\_ \$50    \_\_\_\_\_ \$Other

**VISA** \_\_\_\_\_



\_\_\_\_\_

Card # \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☆ **OR I wish to give to the monthly giving program:**

**Automatic bank withdrawal**

I hereby authorize the Children's Ability Fund to Deduct \$ \_\_\_\_\_ from my account on the 20<sup>th</sup> day of each month beginning \_\_\_\_\_(month) \_\_\_\_\_(year) I have enclosed a blank cheque - marked void

**Credit Card Type:**

**VISA** \_\_\_\_\_



\_\_\_\_\_

I hereby authorize the Children's Ability Fund to Deduct \$ \_\_\_\_\_ from my account on the 20<sup>th</sup> day of each month beginning \_\_\_\_\_(month) \_\_\_\_\_(year)

Card # \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All donations receive a tax receipt and a copy of our annual newsletter "The Star". Donations of \$500 or more will be recognized as a *Gold Star* contributor.

**Thank you for your generous gift. We understand that giving today takes a great deal of thought – Thank you for your support and most of all for your confidence and trust you place in us with your donation.**