

Yes! I want to help bring independence to people with physical disabilities!

Please fill in all information and mail or fax it to our office:

Attention: Fund Development
 March of Dimes Canada
 10 Overlea Boulevard
 Toronto, ON M4H 1A4

Fax#: 416-425-1920 | E-mail: donorservices@marchofdimes.ca |
 Web www.marchofdimes.ca

My Personal Information

Title:	First Name:	Last Name:
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Street Address (#, street, suite/apt):

City:	Prov/State:	Postal/Zip Code:	Country:
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Home phone:	Work Phone:	E-mail Address:
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Type of Donation

Single Donation

I would like to make a one-time donation now in the amount of:

- \$25
 \$35
 \$50
 \$75
 \$100
 \$250
 Other amount \$_____

Monthly Dime Plan Donation*

I want to donate monthly gifts of: \$5 \$10 \$15 \$20 \$25
Other amount \$_____

Please debit gifts from my bank account on the 15th or 30th of each month

My sample blank cheque marked VOID is enclosed

OR

Please charge these donations to my VISA/Mastercard/American Express

**You may cancel at any time by calling 1-800-263-3463 or by e-mailing donations@marchofdimes.ca*

Payment Options

I would like to pay by Credit Card: VISA MasterCard AMEX

Card Number

Expiration Date

Cardholder name (exactly as shown on card)

Cardholder Signature (please sign after printing form)

I would like to pay by: Cheque or Money Order

Please find enclosed a cheque or money order in the amount of:

\$ _____**.00**

Special Requests

Do not trade my name

Do not solicit me by mail

Do not solicit me by phone

Solicit me once a year



Notes

Receipts for gifts of \$20 or more will be issued automatically. If you require a receipt for a gift less than \$20, please check here.

Thank you for your support. We couldn't do it without you.

Charitable Registration No (BN) 10788 3928 RR0001