

☐ 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 at:

Attention: Fund Development  
March of Dimes Canada  
99 Duncan Mill Rd.  
Toronto, ON M3B 1Z2  
Fax: 416-425-1920

**Thank you!**

### My Personal Information

Title:	First Name:	Last Name:	
Street Address (#, street, suite/apt):			
City:	Prov/State:	Postal/Zip Code:	Country:
Home phone:	Work Phone:	E-mail Address:	

### 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 make monthly gifts of:

☐ \$5 ☐ \$10 ☐ \$15 ☐ \$20 ☐ \$25 ☐ Other amount \$

☐ Please debit gifts from my bank account on the ☐ 15<sup>th</sup> or ☐ 30<sup>th</sup> of each month

☐ My sample black cheque marked VOID is enclosed OR

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

You may cancel anytime by calling 1 800-263-3463 or by e-mailing [donations@marchofdimes.ca](mailto: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 name ☐ Do not solicit by mail ☐ Do not solicit phone ☐ Solicit once a year

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

**March of Dimes Canada**

99 Duncan Mill Rd, Toronto, ON M3B 1Z2

Tel: 416-425-3463 ; Toll-free: 1-800-263-3463 ; Fax: 416-425-1920

E-mail: [donorservices@marchofdimes.ca](mailto:donorservices@marchofdimes.ca)

[www.marchofdimes.ca](http://www.marchofdimes.ca)

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