

**I would like to make a one time donation:**

- My cheque (made payable to Neil Squire Society) is enclosed
- Please charge my credit card (see reverse)
- Amount of donation \_\_\_\_\_

**I would like to make a pledge:**

- I would like to contribute \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.
- I would like to start my contribution on (dd/mm/yy) \_\_\_\_\_

**I would like to become a member of the Friends for Abilities Circle:**

- Building Hope: \$500 per year for 5 years
- Creating Opportunities: \$1,000 per year for 5 years
- Making a Difference: \$5,000 per year for 5 years
- Changing Lives: \$10,000 per year for 5 years



**Donor Information:**

Name \_\_\_\_\_ Company (if applicable) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

**Payment Information:**

- My cheque (payable to Neil Squire Society) is enclosed
- Please charge my Visa / MC # \_\_\_\_\_ Expiry \_\_\_\_\_
- I authorize any donor recognition related to this contribution
- Please do not publish my name, I wish to be an anonymous donor

Donor Signature \_\_\_\_\_



Supporting the Neil Squire Society



**Thank you for your generosity!**

Charitable tax # 864366174 RR0001