

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 below)
- 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- Please do not publish my name, I wish to be an anonymous donor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