inclusion
integration
independence

inclusion
intégration
indépendance

the in community

DONATION PLEDGE FORM

Please complete:

□ Mr. □Ms. □ Mrs.

First name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Work: _____ Fax: _____

E-mail address: _____

I would like to support the work of The In Community through my donation of:

□ $25.00 □ $50.00 □ $75.00 □$100.00 □ Other:_____

I would like to pay by:

□ Cheque □ Money Order □ Credit Card

Please make all cheques payable to **The In Community**.

Credit Card Information:

□ VISA □ Mastercard

Credit Card Number: _____

Cardholder's Name: _____

Expiry Date: _____ / _____
Month Year

Optional and Confidential

I am a:

□ Consumer □ Family Member/Friend □ Volunteer

□ Community Member □ The In Community Member □ Other:_____

I heard about **The In Community** through:

□ Professional □ Family Member/Friend □ Newspaper,T.V, Radio

□ Website □ The In Community publication □ Other: _____

The In Community is a registered charitable organization and issues tax receipts for donations and bequests.

Charitable Registration Number: 10702 0679

Thank you for making a difference in your community.

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Fax/Téléc. : 613-724-5889