

YES!



I AM INTERESTED IN SUPPORTING CHILDREN AT RISK THROUGH EASY MONTHLY GIVING!

I wish to Pledge \$_____ per month beginning on the 1st day of the Month of _____

Name of Supporter: _____

Address: _____

Postal Code: _____ Phone #: _____

I authorize Children at Risk, Ottawa to debit my Credit Card:

VISA Mastercard AMEX

Credit Card No. _____ Expiry _____

Signature: _____ Date: _____

OR – I will provide Post-Dated Cheques made out to Children at Risk, Ottawa

*This generous gift will help to provide services and supports
for local Autistic children and their families through:*

CHILDREN AT RISK, Ottawa

235 Donald Street, Suite 209, Ottawa, ON K1K 1N1

Tel: (613) 741-8255 FAX: (613) 741-5530

car@childrenatrisk.ca www.childrenatrisk.ca

An income tax receipt will be issued • Registered Charity No. 10691/3775/RR/0001

YES!



I WANT TO MAKE A DIFFERNCE IN MY COMMUNITY WITH A DONATION!

\$30 \$50 \$75 \$100 \$250

OR I wish to Pledge \$_____ Payable by Cheque/Money Order

VISA Mastercard AMEX

Credit Card No. _____ Expiry _____

Signature: _____ Date: _____

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