YES!

Postal Code:_



Name of Supporter: Address: Postal Code: I authorize Children at Risk, Ottawa to debit my Credit Card: VISA	I wish to Pledge	s \$ per month beginning on the 1 st day of the Month of	
Postal Code:	Name of Supporter:		
I authorize Children at Risk, Ottawa to debit my Credit Card: VISA	Address:		
Credit Card No 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 KIK INI 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	Postal Code:	Phone #:	
Signature: Date:		I authorize Children at Risk, Ottawa to debit my Credit Card:	
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