

Yes! I want to help people impacted by addiction in my community.

Title: _____ *First Name: _____ *Last Name: _____

This is a corporate donation. Company Name: _____

*Address: _____

*City: _____ *Province: _____ *Postal Code: _____

Email: _____ Telephone No.: (_____) _____

I want my receipt emailed to me.

Preferred Method of Support

1. Automatic Monthly Gifts

\$10 \$15 \$20 Other: \$ _____

2. One-time Gift

\$25 \$50 \$100 Other: \$ _____

My cheque(s) is enclosed and is made payable to Rideauwood Addiction and Family Services

I prefer to use my credit card. (Please visit Rideauwood.org and click DONATE.)

Additional Information

Optional Note Attached to Gift:

Thank you for your generosity!