Yes, I want to help The Teresa Group!

Donor Information:

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

I would like to give: C$_____

☐ This is a **one-time donation** ☐ This is a **monthly donation** deducted from my credit card

This donation is a:

☐ Personal Gift ☐ A Gift in Honour of: ☐ A Gift in Memory of: _____

☐ A Gift on the Occasion of:_____

☐ Other (e.g. fundraiser) Please specify _____

I would like an acknowledgement card sent to:

Name: _____

Address: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Message: _____

_____

_____

Payment Information:

☐ Please bill my credit card as follows: ☐ My cheque(s) is/are enclosed

☐ VISA ☐ MASTERCARD ☐ AMEX

Account Number: _____

Expiry Date: _____

Name as on card: _____

Signature: _____

Please complete and mail this form to: **The Teresa Group**, 124 Merton Street, Suite 104, Toronto, Ontario, Canada, M4S 2Z2, or fax it to (416) 596 7910

A tax receipt will be issued for all donations over $10.00 under Charitable Registration No. 133699959RR001, unless otherwise requested.