



Gift/Donation Card Order Form

- For a donation of \$20, I would like to receive a set of 10 cards with children's artwork.
- For a minimum donation of \$20, please send a personalized card in lieu of a gift to:

Mr Mrs Ms Dr Other _____ (Please print or type)

First name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Personalized Message:

Donor Information

Please send tax receipt and/or set of cards to:

Mr Mrs Ms Dr Other _____

First name _____ Last Name _____

Business (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Payment Information

Cheque (made payable to the CI Society)

I authorize the CI Society to charge my credit card the above amount.

Credit card information Visa MasterCard American Express

Card number _____ Expiry date _____

Signature _____

Fax to 416-964-6594
or mail to CI Society P.O. Box 38540 3299 Bayview Avenue Toronto Ontario M2K 2Y5

Charitable Registration 87276 0897 RR0001