



EHATARE FOUNDATION

Mailing address:
170 The Donway W, Ste 6A, #140,
Toronto, ON M3C 2E8

Your name: _____
Address: _____
Tel: _____
Name on card: _____
Signature: _____

City/Province: _____
Postal Code: _____
E-mail: _____
Card no: _____
Ex. Date: _____

I'd like to provide a **one-time** gift to support the Ehatare Foundation:

\$2000 \$1000 \$500 \$200 \$100 \$50 other _____

Please find my cheque enclosed.

OR

Please charge my credit card:

VISA M/C AMEX

Card number: _____
Name on card: _____ Exp. Date __/__/__
Signature: _____
E-mail: _____ Tel: _____

OR

I'd like to support the Ehatare Foundation with a **monthly** gift of:

\$15 \$25 \$35 \$50 other _____

Enclosed is my cheque marked "VOID".

OR

Please deduct the amount I've indicated from my credit card each month:

VISA M/C AMEX

Card number: _____
Name on card: _____ Exp. Date __/__/__
Signature: _____
E-mail: _____ Tel: _____

By signing to be a monthly donor, I understand that I may alter or cancel my monthly gift at any time by contacting the Ehatare Foundation at 647.799.1910. I will give the organization at least 7 days notice before next scheduled donation date to ensure that no additional donations are processed. For more information about my right to cancel, or my recourse rights, I can contact my financial institution or www.cdnpay.ca

Your first payment will be processed upon receipt and then on the first business day of every month thereafter unless cancelled by you. A tax receipt will be issued at the beginning of each calendar year.

THANK YOU FOR YOUR GIFT!

Your gift in any amount will support Ehatare Foundation activity.