

To be completed in full:
NAME: _____ ADDRESS: _____
CITY/PROV: _____ POSTAL CODE: _____
TELEPHONE: _____ EMAIL: _____

1 One Time DONATION \$ _____ Payment Method: Cheque Cash Visa MC AMEX
Card No. _____ Exp _____ (mm/yy)
Date: _____ Signature: _____

2 Pre-Authorized Monthly DONATION \$ _____ I authorize Caritas to charge my credit card on a monthly basis.
I understand that I may modify or cancel at any time with 10 days written notice. Signature: _____

DONATION IN MEMORY OF *(name in full)* _____
Mailing address for acknowledgement: _____

Caritas Respects Your Privacy

Caritas Recognizes the value of its relationships with donors, volunteers and other stakeholders. We are committed to respecting and protecting your personal information. We do not sell, trade, or exchange any information under any circumstance. The personal information of our supporters is always held safely in the strictest of confidence. In our mission of providing public education and therapeutic community programming, to spread awareness, to raise funds, and to build a strong and conscious family-community-social network, we frequently gather and use personal information. When you make a donation to us, or register as a volunteer or an event participant, we request your contact information (name, address, phone number, email address, etc). We maintain this information in our database of supporters in order to keep you informed about our work. You will occasionally receive information on various upcoming events and other Caritas communications. If you do not wish to receive these materials from us, you can always call 416-748-9988 or email us at help@caritas.ca. We regularly review and update our privacy practices for various activities. For an up-to-date copy of CARITAS PRIVACY POLICY STATEMENT please check our website at: www.caritas.ca

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Thank you