



Thank You for Supporting Fred Victor's Programs and Services!

To contribute today, please complete this form and either **FAX** it to **416-364-4728** or mail it to the address at the bottom of this form. To donate by phone please call **416-364-8228 ext. 309**.

Name: _____

Address: _____

YES! I want to make a donation of \$ _____

I'd like to make my donation using:

- One personal cheque, enclosed __ post dated cheque(s), enclosed
 Charge my: VISA Master Card

Name on Card: _____

Card #: _____ Expiry: _____/_____

Signature: _____ Date: _____/_____

OR I want to join the Monthly Giving Program.

I understand the amount below will be deducted EACH month until I state otherwise.
I want to give a gift of \$ _____ EACH month.

Please put a check mark for how you would like to pay:

- A cheque marked "void" is enclosed. Please begin deducting on the 15th day of ___/___ (mm/yy).
 Bill the credit card indicated above for my monthly donation. Please begin deducting on the 15th day of ___/___ (mm/yy).
 post dated cheque(s), enclosed
-

Keep me informed

Please send me Fred Victor's newsletter electronically to update me on how my donation dollars are at work. I understand that I can opt-out at any time.

- YES**, I would like to subscribe using the email address I have provided.

Email: _____

Please remind me

- YES**, I would like to continue to make a difference. Please send me annual e-mail donation reminders. I understand that I can opt out any time.

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Charitable Registration Number: 1189331377RR