

Thank you for supporting The Children's Aid Society of Hamilton
Your donation will have a positive impact on the life of a child.

To make a donation to The Children's Aid Society of Hamilton, please complete the following:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I would like to make a contribution in the amount of \$_____ to:

- | | |
|--|--|
| <input type="checkbox"/> Crown Ward Store | <input type="checkbox"/> Crown Ward Bursary Fund |
| <input type="checkbox"/> Family Sponsorship / Holiday Programs | <input type="checkbox"/> The Children's Fund |
| <input type="checkbox"/> Summer Camp Program | |

If this donation is being made in memory, or as a tribute to someone, please provide details on the nature of the gift, the name of the person being honoured and contact information for acknowledgement purposes.

Please indicate method of payment:

- Cheque (payable to The Children's Aid Society of Hamilton)
- Visa MasterCard AMEX

Name on Card: _____

Card No.: _____ Expiry Date: _____

Please return completed forms and payment to:
The Communications & Development Unit
The Children's Aid Society of Hamilton
Poscor Centre for Children & Families
P.O. Box 1170, Depot 1, Hamilton ON L8N 4B9
Fax: 905-572-9733

