

Yes! I want to help bring independence to people with physical disabilities!

Please fill in all information online, print out the form, and mail or fax it to our office. Or, you may print out the form on your printer and fill it in using a dark pen. If you choose to fill it in offline, please print in BLOCK letters. Thank you!

My Personal Information

Title:	First Name:	Last Name:
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Street Address (#, street, suite/apt):

City:	Prov/State:	Postal/Zip Code:	Country:
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Home phone:	Work Phone:	E-mail Address:
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Type of Donation

Single Donation I would like to make a one-time donation now in the amount of:

\$25 \$35 \$50 \$75 \$100 \$250 Other amount \$

Monthly Dime Plan Donation We will debit your credit card each month automatically in the amount of:

\$5 \$10 \$15 \$20 \$25 Other amount \$

Beginning on (month, day, year):

You may cancel anytime by calling 1 800-263-3463 or by e-mailing donations@marchofdimes.ca

Payment Options

I would like to pay by Credit Card: VISA MasterCard AMEX

Card Number	Expiration Date
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Cardholder name (exactly as shown on card)	Cardholder Signature (please sign after printing form)
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I would like to pay by: Cheque or Money Order

Please find enclosed a cheque or money order in the amount of: \$ _____ .00

Check here if you do not wish us to communicate with you about March of Dimes Canada news, promotions or events.

Thank you for your support. We couldn't do it without you.

March of Dimes Canada

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Fax (416) 425-1920

E-mail: donorservices@marchofdimes.ca

Web www.marchofdimes.ca

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