



CHILD CARE CHOICES DONATION FORM

Name: _____

Organization: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

I would like to make a donation in the amount of:

\$25 \$35 \$55 \$75 \$100 Other _____

Visa Mastercard Card Number: _____

Expiry: _____ / _____

Signature: _____

Please Fax or Mail your completed form

Thank you for making a difference!