

Yes! I am pleased to support ErinoakKids with a monthly donation!

Monthly Donation Information			
I would like to make a monthly gift of:			
□ \$15 □ \$25 □ \$36	□ \$50	□ Other: \$	
I would like to designate my gift to:			
☐ ErinoakKids Priorities - Your gift w	ill be directed to ErinoakKids'	area of greatest nee	ed.
□ Assisted Devices (ADRS)	□ Autism Services	☐ Clinical Services	☐ Hearing Services
□ Independent Living Program (ILP)	□ Occupational Therapy	☐ Physiotherapy	☐ Recreation Therapy
□ Respite	□ Speech & Language Services		
Your Information			
Name:			
Address:			
City:	Province: Postal Code:		
Phone:	Email:		
Signature:	Date:		
Payment Information			
□ Bank withdrawal - I have enclosed a	a VOID cheque for banking inf	ormation	
□ Credit Card: □ Visa	□ Master Card	□ Am	erican Express
Card number:	Expiry date:		
Name on card:	Signature:		
*Monthly gifts are charged on the 2 Please allow 30 days' notice to ensu form or more information on you find	re no additional donations a	re processed. To obt rized Debit (PAD) Ag	tain a sample cancellati

Mail completed form to: ErinoakKids Centre for Treatment and Development

ATTN: Fundraising Department 1230 Central Parkway West Mississauga, ON L5C 0A5

Brampton 10145 McVean Rd Brampton, ON L6P 4K7 **Oakville** 2000 Glenorchy Rd Oakville, ON L6M 0X4 Mississauga 1230 Central Pkwy W Mississauga, ON L5C 0A5 Orangeville 224 Centennial Rd, Unit 8-11 Orangeville, ON L9W 5K2







