



CANHAVE Children's Centre
P.O. Box 21045 Ottawa
Ontario K1S 5N1, CANADA

Charitable # 88992 8396 RR0001

Yes, I am proud to support CANHAVE orphans!

Mr. Mrs. Ms. Miss Dr. Other: _____

First Name: _____ Last Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Yes, I would like to support CANHAVE orphans by:

Sponsoring one child for a year: _____ \$ 400.00

Sponsoring more than one child for a year: _____ x \$400.00 = \$ _____
(No. of Orphans)

Making a general donation (or an additional general donation) of:

\$250 \$100 \$75 \$50 Other \$ _____

Making a monthly donation of:

\$45 \$90 \$140 \$200 Other \$ _____

I wish to become a member: Single: \$25 Family: \$50

I choose to pay by:

Cheque (Monthly donations: 12 post-dated cheques for the 15th of each month)

VISA on the 15th of each month:

VISA Credit Card #: _____

Expiry Date: ____/____ (MM/YY)

Name on Card: _____

ONLINE at www.canhave.org through Canada Helps

Signature: _____ Date: _____

An official tax receipt and acknowledgment will be issued for all donations of \$20 or more. Monthly donations will be receipted cumulatively in January for donations from the previous year.

Thank you for changing the life of a CANHAVE orphan!

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