



**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 15<sup>th</sup> of each month)

**VISA** on the 15<sup>th</sup> of each month:

VISA Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ (MM/YY)

Name on Card: \_\_\_\_\_

**ONLINE** at [www.canhave.org](http://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!**

**Webale nvo!**