



DONATION FORM

捐助登記表

-Official Use-

Ref #: _____

Payment Method: Cash/Cheque

Cheque #: _____

Receipt #: _____

I would like to support Cherish Integrated Services

本人願意支持智愛中心

Last Name (姓) _____ First Name (名) _____

Company Name (公司/商號名稱): _____

Address

地址 _____

City _____ Province _____ Postal Code _____

城市

省份

郵政號碼

Telephone _____ E-mail _____

電話

電子郵箱

I would like to make a donation to Cherish Integrated Services in order to support Arts Development Program for persons with developmental disabilities

本人願意在經濟上支持智愛中心，協助智障人士發展視覺藝術：

One time Donation 一次捐助: Other \$20 \$50 \$100 \$200 其他金額 \$ _____

每月捐助: \$ _____ x 12 months = \$ _____ 生效日期: _____
Monthly Donation Effective Date

繳付方法: 使用支票 \$ _____ 現金 \$ _____
Payment Method Cheque Cash
(Payable to 支票抬頭請寫 "Cherish Integrated Services")

簽名 Signature

日期 Date

以上有關個人資料會絕對保密
Information collected on this form is strictly
Confidential and protected by Personal Information
Protection & Electronic Document Act.

431 Alden Road, Unit10 Markham ON L3R 3L4
Tel: (905)604-9290 Fax: (905)604-2902
info@cherishis.org
www.cherishis.org