

Yes,  
I would like to make dreams  
come true for special children!



Please print and complete this form then send to:  
The Sunshine Foundation of Canada  
495 Richmond Street, Suite 400; London, ON N6A 5A9; or fax 1.800.461.7475

General Donation (one-time gift)       Monthly Donation  
 In Memory of: \_\_\_\_\_  In Honour of: \_\_\_\_\_

**My contact information:**

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I would like to donate:** (Payment by chq to Sunshine Foundation, or Option 1 below for Credit Card)

\$250       \$100       \$50       \$25       Other \$ \_\_\_\_\_

**Monthly Donations:** (Please complete Payment Option 1 or 2 at the bottom of this page)

\$ \_\_\_\_\_ per month, in support of Sunshine Foundation, commencing (month/year) \_\_\_\_\_ / \_\_\_\_\_  
I may cancel this authorization at any time upon written notice to Sunshine Foundation of Canada.

**Acknowledgement Card:**     No card required                       Send acknowledgement card to:

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Message to be included: \_\_\_\_\_

**Payment Option 1: Credit Card**

By choosing this option, Sunshine Foundation will automatically withdraw your donation from your credit card of choice.

MasterCard                       Visa

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

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

Signature (Required): \_\_\_\_\_

**Payment Option 2:**

**Pre-Authorized Bank Withdrawal**

By choosing this option, Sunshine Foundation will automatically withdraw your donation on the 15<sup>th</sup> of the month from your bank account.

Please include a void cheque!

- You may revoke your authorization at any time, subject to providing notice of 10 days. A cancellation form is available on the Sunshine web site.
- You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Signature (Required): \_\_\_\_\_