

MEMBERSHIP 2019

Renewal () New () Payment Date: _____ Start Date: _____

Name:		
Address:		
City:	Postal Code:	
Telephone: (h)	(w)	(cell)
Email:		
Can we email the newsletters and announcements to you? (Please circle) Yes No		
How did you hear of Children at Risk?		

MEMBERSHIP FEE:

- 1. Individual / Family* \$40.00 () * One vote per membership
- 2. Professional / Agency \$80.00 ()

OTHER PAYMENT: \$ _____

DONATION: I would like to make a donation of:

\$1,000 () \$500 () \$200 () \$100 () \$50 () \$30 () Other \$ _____

TOTAL PAYABLE: \$ _____

MODE OF PAYMENT:

- 1. Cheque () Please make cheque payable to "Children at Risk"
- 2. Credit card (please indicate): VISA _____ Master Card _____ American Express _____
- 3. Bank Email Etransfer () Send to bambina@childrenatrisk.ca

CREDIT CARD INFORMATION (IF NEEDED):

Credit Card Number: _____
 Cardholder Name: _____
 Expiry Date: _____ CVD: _____

Tax receipts issued for donations \$20 or more only.