



Support Precious Minds through your Financial Donations

I want to be part of the Friends & Family Team!

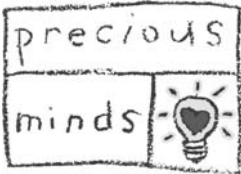
Monthly

- Credit card payment – complete the info below
- Post-dated cheques
- United Way contribution designated to Precious Minds
- Automatic withdrawal through your company's employee giving program

Periodic

- On-line donations through Canada Helps – check our website at www.preciousminds.com/help
- Credit card payment – complete the info below
- Cheque – mail to the Resource and Learning Centre
- Debit – drop by the Centre, we'd love to see you!



 <p>Resource & Learning Centre 21980 Highway 12 Sunderland, Ontario L0C 1H0</p> <p>Tel: (905) 982-0882 Fax: (905) 982-0883</p> <p>admin@preciousminds.com www.preciousminds.com</p> <p><i>“Providing Support to families with children who experience barriers to learning”</i></p>	<p align="center">I would like to be part of the Precious Minds' Financial Support Team!</p>
	<p>First Name: _____ Last Name: _____</p> <p>Company (if applicable): _____</p> <p>Street Address: _____</p> <p>City/Town: _____ Province: _____</p> <p>Phone Number: () _____ Postal Code: _____</p> <p>Please accept my gift of:</p> <p><input type="checkbox"/> \$10/month <input type="checkbox"/> \$25/month <input type="checkbox"/> \$50/month <input type="checkbox"/> \$100/month <input type="checkbox"/> \$____/month</p> <p><input type="radio"/> Credit card payment (information provided below) on the 15th of each month</p> <p><input type="radio"/> Cheques made payable to Precious Minds</p> <p>Signature: _____ Date: _____</p>

<p>Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Card Holder's Name: _____</p> <p>Card Number: _____</p> <p>Expiry Date: _____</p>	<p><input type="radio"/> Monthly gift as above</p> <p><input type="radio"/> One time gift \$ _____</p> <p>Card Holder's Signature: _____</p>
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(You may cancel anytime by calling (905) 982-0882 or emailing admin@preciousminds.com)