

THE WHITE TRILLIUM CLUB



Yes, I/we would like to accept the invitation to join the White Trillium Club monthly giving program and assist CDBRA Ontario in continuing to provide quality programs and services to individuals who are deafblind.

Please accept the following gift on the 1st business day of each month:

\$10 \$15 \$20 \$ _____

Date Beginning _____

I understand that I may cancel this arrangement at any time.

Payment Method Visa MasterCard Post-dated Cheques (enclosed)

Card Number _____

Expiry Date _____ / _____ Signature _____

Name on Card _____

Please direct our donations to:

Children's Programs Funding Requests Where the need is greatest

Name(s) _____

Address _____

City _____ **Postal Code** _____

Telephone _____

We authorize CDBRA Ontario to contact us via e-mail (_____)

We consent to having our names published in materials recognizing our contribution

We wish for our gift to remain anonymous.

The information provided in this document will be used only for the sole purpose of acknowledging gifts and providing receipts for income tax purposes. Your information will not be shared with any other person or organization.