

DIG-IN

The Hope's Garden Fundraising Campaign



DONATION FORM

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

PHONE (HOME) _____ (WORK) _____

E-MAIL (HOME) _____ (WORK) _____

YES! I want to help Hope's Garden continue to provide excellence in care and education in the fight against eating disorders.

I'd like to make a monthly gift of: \$5 \$10 \$20 \$50 \$_____

I authorize Hope's Garden to withdraw this amount from my chequing account each month. I've enclosed a cheque marked "VOID". -or-

I authorize Hope's Garden to debit this amount from the following credit card each month:

VISA MASTER CARD

CARD # _____ EXPIRY DATE _____

SIGNATURE _____

I'd like to make a single gift of: \$10 \$20 \$50 \$_____

I've enclosed a cheque made payable to Hope's Garden. -or-

I authorize Hope's Garden to charge the following credit card:

VISA MASTER CARD

CARD # _____ EXPIRY DATE _____

SIGNATURE _____



For information on volunteering and other opportunities to help cultivate and sustain our programs, please contact Hope's Garden at 519 434 7721 or www.hopesgarden.org

THANK YOU FOR JOINING THE FIGHT AGAINST EATING DISORDERS.



DOCKET #: 093-HG	CLIENT: Hope's Garden	VERSION: A	REVISION:	DATE: April 29/07	TIME: 4:30 pm
	SIZE: 7" x 11"	COLOUR: CMYK			DESIGNER:
	JOB DESCRIPTION: Donation Form	PRODUCTION NOTES:			
	THE MARKETING DEPARTMENT 457 KING STREET, LONDON ONTARIO, CANADA N6B 1S8 TELEPHONE 519 439 8080 FACSIMILE 519439 8081 WWW.THEMARKETINGDEPARTMENT.CA				