



I want to help provide a brighter future for children with disabilities

Name: _____
Address 1: _____
Address 2: _____
City: _____ **Prov:** _____ **Post Code:** _____
Country: _____
Phone: _____ **Email:** _____

I want to donate (please circle):

\$ 1,800.00 \$ 1,000.00 \$ 500.00 \$ 360.00 \$ 180.00
 \$ 100.00 **Other:** \$ _____

Payment:

Cheque (please make payable to Yaldei Developmental Centre)
 Visa Mastercard Amex

Card Number: _____
Expiry: _____ **Name on Card:** _____
Billing Address: _____

This gift is

In Honour of: _____

In Memory of: _____

Please acknowledge this gift to:

Name: _____
Address: _____
City: _____ **Prov:** _____ **Post Code:** _____
Country: _____

THANK YOU FOR YOUR SUPPORT!

(2100 Marlowe, 5th floor, Montreal, QC, H4A 3L5)