



the Caring and Sharing Exchange Donor Form

Enclosed is my personal or business donation

Name: _____

Company (if applicable): _____

Address: _____

City: _____ Prov. : _____ P.C. : _____

Telephone: _____

Email: _____

I would like to sign up for the e-newsletter

Please accept my donation in the amount of \$ _____

I would like my donation to go where it is most needed

Or

I want to support the following program(s) with the amounts as indicated:

Sharing in Student Success Program Amount \$ _____

Christmas Exchange Program Amount \$ _____

Total Donation \$ _____

Method of Payment

Cheque (made payable to the Caring and Sharing Exchange)

Visa MasterCard American Express

Card Number

Expiry Date

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Signature: _____

Please mail form to: the Caring and Sharing Exchange
P.O. Box 5167
Ottawa, ON K2C 3H4

Tel: 613-226-6434
Fax: 613-226-7522
Email: info@CaringandSharing.ca

The Caring and Sharing Exchange does not sell or trade names.
Please visit our website to view our complete privacy policy.
www.CaringandSharing.ca

Charitable Registration Number 13097 9172 RR0001

Thank You for Your Support