



Thank you for supporting COSTI's Art Therapy Program for Refugee Children!

To contribute today, please complete this form and either **fax** it to **416-658-8537** or mail it to the address below. To donate by phone, please call **416-658-1600**.

NAME: _____

ADDRESS: _____

YES! I want to join the Monthly Giving Program*

I understand the amount below will be deducted monthly until I state otherwise.

I want to give a monthly gift of \$ _____

Please check payment method:

- A cheque marked "void" is enclosed. Please begin deducting on the first day of: ____/____ (mm/yyyy).
- Bill the credit card indicated above for my monthly donation. Please begin deducting on the ____ of each month beginning ____/____ (mm/yyyy).

**I may stop my authorization at any time, subject to providing notice of 30 days. If at any time debits do not comply with this agreement, I have recourse rights by contacting COSTI Immigrant Services at 416-658-1600.*

OR I want to make a donation of \$ _____

I'd like to make my donation using:

- 1. One personal cheque, enclosed 2. _____ postdated cheque(s), enclosed
- 3. Charge my: VISA Master Card

Name on Card: _____

Card number: _____ Expiry: ____/____ (mm/yyyy)

Signature: _____ Date: _____

Keep me informed

Please send me COSTI Immigrant Services' e-newsletter to update me of how my donation dollars are at work in our community. I understand that I can opt-out at any time.

YES, I would like to subscribe using the email address provided below.

Please remind me

YES, I would like to continue to make a difference. Please send me annual email donation reminders. I understand that I can opt-out at any time.

Email: _____

COSTI Immigrant Services

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Charitable Registration Number: 106987522RR0001