



Precious Minds Support Services

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Charitable Organization Number: 86747 6319 RR0001

Friends & Family Financial Support Form

Thank You for your Support!

As a friend of Precious Minds, we are grateful for your commitment to help us succeed in our mission to help individuals living with developmental disabilities reach their highest potential in life. Thank you for considering how you can partner with us for these precious minds in our community.

Your monthly gift will go a long way to providing weekly respite, fitness programs, education for parents and summer camp. We truly appreciate your generosity and support throughout the year

Section 1: Personal Information

First Name: _____ Last Name: _____

Company (if applicable): _____

Street Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Email: _____

Yes, please send me emails to let me know about programs and events at Precious Minds.

Section 2: Gift Information

Please accept my gift of:

\$10/month \$25/month \$50/month \$100/month _____
any amount

Debit my credit card (information provided below on the 15th of each month

A void cheque is enclosed to activate automatic bank withdrawals on the 15th of each month

Post-dated cheques payable to Precious Minds Support Services are enclosed

Signature: _____ Date: _____

Tax receipt required

Section 2: Credit Card Information

Please charge my credit card: Visa Mastercard

Cardholder's Name: _____

Card Number: _____

Expiry Date: _____ Cardholder's Signature: _____