

Yes! I want to support CFCA's work in community development projects and struggles for social justice in Latin America and the Philippines.

Name: _____ Phone: (_____) _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email: _____

HERE IS MY CONTRIBUTION OF:

- \$500 \$100 \$25
 \$250 \$50 Other \$ _____

I would like my donation to be used towards:

\$ _____ Undesignated (where the need is greatest)

\$ _____ CFCA's general project account

\$ _____ CFCA projects in the country of:

(Mexico, Nicaragua, El Salvador, Peru,
Guatemala, Chile, Brazil, Philippines)

\$ _____ CFCA's Development Education Program

\$ _____ Helping to start an Endowment Fund

Please make cheques payable to **Change for Children Association**. Donations of \$10 or more are tax-creditable; Charitable registration (BN)11884 9496 RR0001

- I would like to purchase a Change for Children annual membership. I have enclosed \$15.00 (not tax credible).
- I prefer to contribute monthly with the **Pre-authorized Payment Plan Option** (please complete form at right)
- I would like information on how to leave a bequest or legacy gift to Change for Children.
- I would like further information on how to contribute to Change for Children's Endowment Fund.

Please print this form and mail with your donation to:

Change for Children Association

#221-222 9624 108 Avenue, Edmonton, Alberta
Canada T5H 1A4

Information requests may be faxed to: 780.448.1507

OPPORTUNITIES FOR INVOLVEMENT

- I would like to volunteer with CFCA:
 office support as a presenter
 special events other (please specify):

- I would like information about hosting a presentation or social evening for my: community group / church / school / friends
- I am interested in a partnership with one of your current projects - please contact me.
- I am interested in forming / joining a chapter of CFCA in my area - please contact me.
- I would be interested in participating in a tour of CFCA's projects in Latin America.

PRE-AUTHORIZED PAYMENT PLAN OPTION

I/We authorize Change for Children Association to begin Automatic monthly withdrawals from my/our bank account as specified on the enclosed cheque marked "VOID." This authority is to remain in effect until further notification from myself/ourselves or Change for Children.

Withdrawal in the Amount of \$ _____
per month on the 1st or the 15th day
of each month.

Signature(s)* of Account Holder(s)

Dated _____

For joint accounts where more than one signature is required on cheques, all required signatures must be provided.