



**Thank you for your support!**

**YES! I want to help the Massey Centre provide new young mothers and their babies with support and services to start new successful lives in the community!**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Here is my gift of:

\$35       \$50       \$100       \$250       I will give \$ \_\_\_\_\_

YES! I will join the Best Start Monthly Giving Program\* with my gift on the last day of each month of:

\$10       \$20       \$25       \$50       I will give \$ \_\_\_\_\_

My gift is for:

Area of greatest need       Prenatal Program       Postnatal Program  
 Early Learning Centre       Maternal Infant Mental Health       Community Programs

Payment Options

I would like to give by:       Cheque       Money Order

My cheque or money order payable to Massey Centre is enclosed.

Please charge my       Visa       MasterCard       American Express

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name exactly as shown on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name for Acknowledgement Purposes (if applicable): \_\_\_\_\_

- I wish my gift to remain anonymous
- I would like to receive the Newsletter by email
- I have remembered or intend to name the Massey Centre in my Will
- I would like information about remembering the Massey Centre in my Will
- I wish to receive information about other giving opportunities at the Massey Centre
- I wish to receive information about volunteer opportunities at the Massey Centre
- I do not wish to have my name shared with other charitable organizations

\*I understand that I can revoke or change this authorization at any time in writing or by calling the Manager, Resource Development at 416-425-6348 x 224, subject to providing 15 days' notice. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to be reimbursed for any debit that is not authorized or is not consistent with this pre-authorization payment agreement. To obtain a cancellation form, or for more information on my right to cancel a pre-authorized payment agreement or my recourse rights, I may contact my financial institution or visit [www.cdnipay.ca](http://www.cdnipay.ca).

The Massey Centre protects your private information and complies with all legislative requirements. We will send you information from time to time. If you wish to limit, or not receive any correspondence in the future, please contact the office at 416.425.6347 x 224.

