

Modified Christmas Program Registration Form

Please choose which family profile you wish to sponsor by checking one or more boxes:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Family of 1 - \$125 | <input type="checkbox"/> Family of 4 - \$240 | <input type="checkbox"/> Family of 7 - \$280 | <input type="checkbox"/> Family of 10 - \$325 |
| <input type="checkbox"/> Family of 2 - \$190 | <input type="checkbox"/> Family of 5 - \$260 | <input type="checkbox"/> Family of 8 - \$300 | <input type="checkbox"/> Family of 11 - \$340 |
| <input type="checkbox"/> Family of 3 - \$200 | <input type="checkbox"/> Family of 6 - \$270 | <input type="checkbox"/> Family of 9 - \$315 | <input type="checkbox"/> Family of 12 - \$360 |
| <input type="checkbox"/> Other amount \$ _____ | | | |


☐

I have enclosed a monetary donation of \$50 per child within the family I have sponsored. For a total of \$ _____ to go towards gift cards for the children.

Method of Payment

- ☐ I have enclosed my cheque payable to the:
Orléans-Cumberland Community Resource Centre
In the AMOUNT of \$ _____

- ☐ I prefer to use my credit card. ☐ Mastercard ☐ Visa ☐ AMEX
- Card # _____ Exp. Date: ____ / ____ CVV # _____
- Name on the card _____ Signature _____
- Please charge my credit card in the amount of \$ _____

I hereby authorize the Orléans-Cumberland Community Resource Centre to arrange automatic withdrawal from my credit card. Charitable Registration No. 13091 7552 RR0001

Please fill in **ALL** of the following information and please print clearly

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone No.: _____

Email address (For OCCRC internal use only): _____

Charitable Receipt Issued to: _____

