



## YES! I would like to become a Monthly Giver

Mr.  Mrs.  Miss  Ms.  Dr.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

I would like to receive Foundation publications via email.

### Please accept my monthly gift of:

- \$25  
 \$50  
 \$100  
 Other \_\_\_\_\_

Monthly donations are processed on the 1st, 15th & 30th of each month. Please indicate which date you would prefer. A consolidated annual tax receipt will be sent at the beginning of the next calendar year.

1st  15th  30th

Visa  Mastercard

Card # (below): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

Mail to:  
George Jeffrey Children's Foundation  
200 E Brock St  
Thunder Bay ON P7E 0A2  
807-623-6050



Thank you for helping us in our mission  
"Because Our Kids Just Want to Be Kids"

All donations of \$20.00 or greater will receive a tax receipt.  
Charitable Registration # 854096770RR0001