

Belong & Thrive!



I/We want to extend the hand of friendship to our neighbours in need

here is my Good Neighbour annual gift:

- ___ \$40 ___ \$75 ___ \$150 ___ \$300
- I prefer to give: \$_____
- please use my gift where most needed
- please direct my gift toward a program:

Good Neighbour gift payment options:

- my cheque to House of Friendship
- cash credit card: ___VISA ___M/C
- credit card #: _____
- exp: _____ signature _____

OR give securely online: houseoffriendship.org

Please see over for House of Friendship's Giving Every Month (GEM) program

contact information:

telephone _____

email _____

I give permission for House of Friendship (HOF) to contact me electronically. HOF does not sell or trade donor information. I will contact 519-742-8327 x131 or fundraising@houseoffriendship.org if I want to change how HOF communicates with me.

Thank you for your support.



House of Friendship

Charitable Tax Receipts will be issued for donations.

Charitable Number: 10749 3892 RR0001

Belong & Thrive!



I want to join House of Friendship's Giving Every Month (GEM) program

here is my Giving Every Month (GEM) gift:

- ___ \$10 ___ \$15 ___ \$25 ___ \$40
- I prefer to give: \$_____
- please use my gift where most needed
- please direct my gift towards a program:

Giving Every Month (GEM) payment options:

- here's a VOID cheque for monthly withdrawals
- bill my credit card: ___ VISA ___ M/C

credit card #: _____

exp: _____ signature _____

I authorize monthly withdrawals from my account (chequing or credit card) on or about the 15th day of each month beginning immediately or on (date: dd/mm/yy): _____.

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contact information:

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