

Manantial Neighbourhood Services Inc.

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Yes!

I want to help build healthy families and bring a positive change in the lives of women, youth and seniors.

Option 1: I'd like to give a monthly gift	of \$	
Option 2: Here's my donation of \$2	25 🗌 \$50 🔲 \$100 🔲 \$	
Here's my information:		
NAME:	LAST NAME	:
ADDRESS:		
		POSTAL CODE:
TELEPHONE: ()	EMAIL:	
I'd like to give monthly: ☐ Automa above amount on the ☐ 1st or ☐ 16th of each month	nth. I have enclosed a void cheque with this	· ·
Here's my donation : By cheque payable to Manantial Neighbox	urhood Services Inc.	
By credit card: Visa Master payable to Manantial Neighbourhood Services Inc.	Card Please use the online PAYPAL from	n our website(www.manantial.ca) to make your credit card donation
NAME ON CARD:		
CARD NUMBER:		
EXPIRATION DATE:/		
SIGNATURE:		DATE: