

*We invite you to support Five Oaks' vision and mission
in the way easiest for you.*

Name: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

I wish to be added to the Five Oaks Newsletter

DONATE ONLINE <https://fiveoaks.secure.retreat.guru/program/donation/?form=1&lang=en>

DONATE BY PHONE at 519-442-3212, Mon-Fri, 9am-4:30pm, VISA or MasterCard

MY SINGLE GIFT

I wish to make a single gift at the following level:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> \$50 | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> \$150 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$200 | <input type="checkbox"/> Other: \$ _____ |

My cheque is enclosed (Payable to: *Five Oaks Centre*)

OR

Please charge my VISA MASTERCARD

Card #: _____

Expiry (mm/yyyy): _____ CSC # (3 digit code): _____

Signature: _____

MY MONTHLY GIFT

I wish to join the monthly giving plan,

OR increase the amount of my giving to the following level:

- | | |
|--|--|
| <input type="checkbox"/> \$10 per month | <input type="checkbox"/> \$250 per month |
| <input type="checkbox"/> \$50 per month | <input type="checkbox"/> Other: \$ _____ |
| <input type="checkbox"/> \$100 per month | |

Please debit my account each month. My cheque marked VOID is enclosed.

Signature: _____

FAITH BONDS

- I want to know more about Faith Bonds

*Five Oaks will be a good steward of the personal information gathered.
We do not sell, share or rent this information to a third party, and
secure or destroy it accordingly to PIPEDA guidelines.*

