

*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** <http://fiveoaks.on.ca/donate/>

**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

#### Pre Authorized Remittance (PAR)

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.*

