

**Yes! I would like to support
Casa De Angelae**

**PLEASE DETACH AND RETURN TO:
Community Living Trent Highlands
223 Aylmer Street, Peterborough, ON K9J 3K3**

Full Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

**Please accept my donation to
Community Living Trent Highlands for Casa De Angelae
I would like to pay by (check one):**

Cheque Cash Credit Card

Other (e.g. Pre-Authorized Giving)

Amount: \$ _____

PLEASE MAKE CHEQUES PAYABLE TO:

Community Living Trent Highlands for Casa De Angelae

If paying by credit card, check one:

Mastercard Visa

Cardholder: _____

Card number: _____

Expiry date: _____

Signature: _____

Date: _____

An official tax receipt will be provided for donations of \$10 or more.

Charitable Registration No. 107627366RR0001