Donation Form

Children's TREATMENT CENTRE FOUNDATION OF CHATHAM-KENT
300 Lacroix Street, Unit 5 | Chatham, ON | N7M 6M6
foundation@ctc-ck.com | 519-354-0520

www.ctc-ck.com

About You: (Please check one): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

FIRST NAME | MIDDLE INITIAL | LAST NAME

MAILING ADDRESS | CITY | POSTAL CODE

TELEPHONE | EMAIL ADDRESS

NAME FOR INCOME TAX PURPOSES

Yes, I want to join the Butterfly League and Power the Possible!

Monthly Donation Levels:

☐ **SPARK STARTER** ($25 per month)

☐ **BARRIER BREAKER** ($50 per month)

☐ **LIMITLESS LEADER** ($100 per month)

All donations will receive a tax receipt at year end.
Registered Charity #: 824828354RR0001

Payment Method:

Complete your monthly gift with credit card details below or contact us at 519-354-0520 ext. 226 to arrange an EFT from your bank.

Card #: | | | | | | | | | | | | | | | |

Expiry #: | | | | |

Name on Card: _____

Signature: _____

☐ Yes, I would like to receive quarterly updates via email.

☐ Please send information about how I can also leave a lasting legacy to help CTC children into the future.

BUTTERFLY LEAGUE