



Circle of Care

Program

Sponsorship Form

Yes, I/We would like to participate in the Circle of Care Program by:

(You can choose one or more of the following Sponsorship options)

Donate gift cards and certificates

Make a monetary donation to the Circle of Care and we will purchase the Gift Cards

Make a donation to the circle of care program in memory of a loved one _____

Please Print Clearly

Contact Name : _____

Organization: _____

Street Address: _____ Apt/unit: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

TYPE OF SPONSORSHIP	# SPONSORED	TOTAL
\$75 to sponsor one woman	X =	\$
\$150 to sponsor a woman with one child	X =	\$
\$225 to sponsor a woman with two children	X =	\$
\$300 to sponsor a woman with three children	X =	\$
\$375 to sponsor a woman with four children	X =	\$
\$450 to sponsor a woman with five children	X =	\$
\$525 to sponsor a woman with six children	X =	\$

Payment Method: Visa MC AMEX Cheque (payable to Interim Place)

Card Number: _____ Expiry date: _____

Card holder signature: _____

Please include \$50 Grocery Gift Card per individual with each level of sponsorship. Please deliver the gift cards to Interim Place in person or by courier, do not mail. Contact Donations at 905-403-9691 ext. 2237 to arrange delivery. Please remember to include the Sponsorship form with your donation of gift cards. Please Attention your gift card donations to Circle of Care.

