



## I WOULD LIKE TO HELP!

Gift Amount:  \$40  \$80  \$120  \$360  My Choice \$\_\_\_\_\_

Please find my cheque/money order made out to **CARO** enclosed

Please deduct this amount from my bank account each month until further notice  
(please attach a cheque marked "VOID" in order for the bank account withdrawal)

▼ **Attach Voided Check Here** ▼

A light green rectangular form representing a voided check. A large, bold, black 'VOID' watermark is oriented diagonally across the center. The form contains several fields: 'Name' and 'Address' on the top left; 'Date' and 'Check XXXX' on the top right; 'Pay to the order of' followed by a line and a '\$' symbol and a box for the amount; 'Dollars' below the amount box; and two 'XXXXXXXX' fields at the bottom.

Signature: \_\_\_\_\_

Please Mail to: **CARO**  
c/o  
231 Ross Glen Road SE  
Medicine Hat, AB  
T1B 3C5

Fax to: (403) 529-6932  
**OR**

My Mailing Address: \_\_\_\_\_  
(for tax receipt)  
\_\_\_\_\_  
\_\_\_\_\_

Individuals, community groups, and companies will receive a Tax Deductible Receipt (Revenue Canada Charitable Registration Number: 86934 12066RR0001) for donations greater than \$20.