

# DONATE TO CANADIAN PARAPLEGIC ASSOCIATION ONTARIO

**Thank you for your support** - Please complete this form and mail with your cheque or credit card information to the address below or fax with your credit card information to 416-422-5943.

Title  Mr.  Mrs.  Ms  Miss  Dr.  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## Opening Doors Plan – monthly donations

\$9/month  \$12/month  \$19/month

\$25/month  Other amount \$ \_\_\_\_/month

My void cheque is enclosed. Or

Bill my credit card monthly

I authorize CPA Ontario to debit my account for the amount indicated above every month beginning \_\_\_\_\_ until I notify otherwise.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## One-time Donation

\$25  \$50  \$100  \$250

Other amount \$ \_\_\_\_\_

My cheque, payable to Canadian Paraplegic Association Ontario, is enclosed.

Or

Bill my credit card once

Credit Card  VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Thank you for your support. Your official income tax receipt will be issued to the above address.

On occasion, CPA Ontario will exchange list of our supporters with other like-minded charitable organizations. Please check here if you prefer to be excluded from such a mailing exchange

Canadian Paraplegic Association Ontario  
520 Sutherland Drive, Toronto, Ontario, M4G 3V9  
Tel: 416-422-5644 or 1-877-422-1112 Fax: 416-422-5943  
E-mail: [donations@cpaont.org](mailto:donations@cpaont.org) Web site: [www.cpaont.org](http://www.cpaont.org)  
Charitable registration number: 11883 5081 RR0002