

**Fax to:** Ability Online 416-644-0116

- Yes, I would like to honor the children in my life by giving to Ability Online  
 Through Angel of Hope, the monthly giving program (see Below) **or**  
 Through Gift of Wings program

Title  Mr.  Mrs.  Miss.  Ms.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Gift of Wings – Please accept my gift in the amount of:**

- \$35  \$50  \$100 **or**  \$ \_\_\_\_\_  
 Enclosed is my cheque payable to Ability Online **or**  
 Charge my  Visa  MasterCard  Amex

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

**Angel of Hope – I want to be an Angel of Hope by giving monthly**

On the 15<sup>th</sup> of each month. I Authorize Ability Online to deduct the following amount from my chequing account:

- \$10  \$15  \$20 **or**  \$ \_\_\_\_\_

For bank purposes, a sample cheque marked "VOID" is enclosed

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

Date: \_\_\_\_\_

- I prefer to make my monthly gift by credit card. Information above.

**Ability Online Guarantee:** You may cancel or change your pledge at any time by calling the Ability Online Office at 416-650-6207 ext 5. Or Mail to : Ability Online, @Centre for Social Innovation, 215 Spadina Avenue, Suite #405, Toronto, ON M5T 2C7