



Fax to: Ability Online 866-829-6780

Yes, I would want to help special *kids accomplish great things* by giving to Ability Online

- Via the monthly giving program (see Below) **or**
- Through the **Shine On** program

Title Mr. Mrs. Miss. Ms.

First & Name _____

Company Name (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Email Address _____

Phone _____ Fax _____

Shine on – 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: _____

Monthly Giving Program – I want to help more kids accomplish great things by giving monthly

On the 15th 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