

Summer Children's Program 2010

Name: _____ **Address:** _____

Phone: _____ **Email:** _____

My donation is enclosed for: \$10 \$20 \$50 \$100 other amount \$ _____

My donation is payable by Cheque Visa Mastercard

Credit Card Number: _____ Expiry: _____ Signature: _____

This is a gift for a Teacher. Please send gift letter to: _____

Address: _____

Please include my child's name: _____

Please make cheque payable to: Northumberland Services for Women
40 Swayne Street, Cobourg, ON K9A 1K5
Tel: 905-372-7056 Fax: 905-373-4800