

## COMMUNITY LIVING CAMPBELLFORD/BRIGHTON

**Yes! I want to show my support for persons with intellectual disabilities.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

### MEMBERSHIP APPLICATION 2011 – 2012 (April 1, 2011 – March 31, 2012)

#### Voting Member

- Single (\$10.00)
- Self-Advocate (\$5.00)
- Family (\$15.00)
- Life (\$150.00)

#### Non-voting (Associate) Member

- Organization (\$25.00)
- Staff (\$15.00)

Are you interested in serving on the Board of Directors or volunteering within the organization?

- Yes, I would like to receive information about volunteering opportunities.
- Yes, I would like to serve on the Board of Directors.

### DONATION OPTIONS

I would like to make a gift of:  \$50  \$75  \$100 Other: \_\_\_\_\_

I would like to pay by:

CHEQUE (enclosed) Please make cheque payable to Community Living Campbellford/Brighton.

Visa \_\_\_\_\_

Card Number

Expiry Date

Cardholder's Signature

I would like to join the monthly giving club:  \$5  \$10  \$20 Other: \_\_\_\_\_

I would like to pay by:

12 post-dated cheques (enclosed). Please make cheques payable to C.L.C.B.

Pre-authorized monthly payment plan.

I have included a void cheque showing my chequing account details.

I authorize C.L.C.B. to make monthly withdrawals from my account. \_\_\_\_\_

Signature

You will receive a tax receipt at the time of donation. Monthly donations will be withdrawn from your bank account or charged to your VISA on the 1<sup>st</sup> of each month. You may change or cancel your monthly gift at any time by calling or writing. We respect your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy.

**Community Living Campbellford/Brighton**

65 Bridge St. East, P.O. Box 1360 Campbellford, ON K0L 1L0 Tel: (705) 653-1821 or (866) 528-0825

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