

## Yes, I Would Like To Donate to Bennett Village

In support of Bennett Centre Long-Term Care

By maki	ng an uni	restricted	* gift of:			
□ \$50	□ \$100	□\$300	□\$500	□\$1000	Other	\$
☐ My ch	eque is enclos	sed ( <b>Please m</b>	ake cheques	payable to Be	nnett Villa	ge)
☐ I prefe	r to charge my	donation to:	Visa	☐ MasterCa	ard	
Card No				Expiry Date/	, 	
Name on Card	:					
Signature:						
Address for r	eceipt:					
Street			City		Province	Postal Code
Telephone:	<del>-</del>	<u>-</u>	Email:	(	@	
•	like to make y site ( <u>www.ben</u>		· ·	select the "Don	ate" button o	on the Bennett
		•		gifts of \$20 or more we are notified other		
		Please do	NOT publicly rec	ognize my donation.		

## Thank you for your support!

Bennett Village does NOT disclose personal information to outside sources other than for the purpose of issuing charitable tax receipts on our behalf. Your personal information may also be used to keep you informed of Bennett Village initiatives, activities, and fundraising opportunities. Please contact us at the number listed below if you want to be removed from our mailing list.

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