



I Make a Difference! Monthly Donations



*Yes, I want to make a difference
for children and youth with special needs
by supporting KidsAbility with Monthly Donations!*

I am:

Title:

First Name:

Last Name:

Business Name:

Address:

City:

Province:

Postal Code:

Country:

Telephone:

International

Ext.

Email:

I would like to commit \$

Monthly

Other

*Once we have received your commitment, KidsAbility Foundation
will contact you to arrange for a convenient way to make your donation.*

Thank you!

