YES! I would like to make the McCormickDifference with a gift of: ❑ $100 ❑ $250 ❑ $500 ❑ Other: _____

OR

I want to make the McCormickDifference all year long with a monthly donation of: ❑ $15 ❑ $25 ❑ $30 ❑ I prefer to give $ _____/month

DONOR INFORMATION

Name: _____ In Honour of: _____

Address: _____ Email: _____

Phone: _____ Mobile: _____

❑ Enclosed is a cheque payable to McCormick Care Foundation. *Please make checks payable to:* McCormick Care Foundation — Enhancing Care and Enriching Lives

❑ I prefer to charge my donation to: ❑ Visa ❑ MC ❑ AMEX

Card Number: _____ Exp Date: _____

The information supplied on this form will remain confidential. It will only be used to issue receipts and to inform you of the activities of McCormick Care Foundation. Charitable tax receipts will be issued upon receipt of donations more than $20. Monthly gifts will be deducted on the 1st of each month and can be altered or canceled at any time by contacting us at:

McCormick Care Foundation: 2022 Kains Rd. London, ON N6K 0A8 · 519-432-2648 x 2318 · admin@mccormickcarefoundation.ca · mccormickcarefoundation.ca · Charitable Reg No 119035434 RR0001