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**I want to help!**

\$500  \$200  \$100  \$50 Other: \$ \_\_\_\_\_  
 One Time  Monthly  Annually

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Charitable Receipt Made To: \_\_\_\_\_

Registered Charity Number: 118893957 RR0001

**Payment Method:**

Cash  Cheque *Please make payable to EMCN*

Visa  MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_