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Please designate my gift of: □\$25 □\$50 □\$100 □\$500 + □\$		I would like to give by: Cheque Credit Card	
□ Where most needed <b>OR</b>	$\Box$ Specific Staff or Area	Card Number	Expiry Date C
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Address	City	☐ Make my gift a monthly recurring donation	
Province	Postal Code	☐ I authorize electronic debits (void cheque attached) on the 20th* of each month OR credit card charges on the 17th*of each month	
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