

PLEASE PRINT THIS PAGE AND MAIL WITH YOUR GIFT

# Silent Voice Canada

“Sign language opens the world to the Deaf”

**YES**, I want to help Deaf children and their families communicate using American Sign Language (ASL), through:

**SUMMER CAMP** (Sign Language Summer Program) **(page link)** I would like to give...

- \$60 To send a Deaf child to camp
- \$90 To enable two children to enjoy camp
- \$120 To support a Deaf camp counselor

**FAMILY COMMUNICATIONS PROGRAM** **(page link)** Please receive...

- \$50 Towards a training course for a family
- \$100 For training course books and videos
- \$350 To support the services of a trainer

**OR, MY HELP FOR DEAF CHILDREN OR YOUTH AND THEIR FAMILIES:**

- Minimum donation of \$5.00

**OR, MY HELP FOR THE DEAF ADULT PROGRAM:**

- Minimum donation of \$5.00

**PERSONAL & CONTACT INFORMATION...**

**\* Indicates Required Information**

+ RECEIPTING INFORMATION:

\* Have you supported Silent Voice in the past?  YES  NO

Title: (Mr/Mrs/Ms/Dr.)

\* Last Name: \* First Name: Middle Initial:

\* Street Number: \* Street Name:

\* Apartment/Unit #: Delivery Address (eg. Box#, RR#):

\* City: \* Province: \* Postal Code:

\* Country:

Do you wish to receive email news?  YES  NO

E-mail address:  HOME  BUSINESS  OTHER

Home Phone Number: (    ) -                      Work Phone Number & Extension: (    ) -

+ An official tax receipt will be issued for all gifts of \$15.00 or more.

**CREDIT CARD (VISA only) PAYMENT PLAN**

Credit Card Number:     /     /     /     /

Credit Card Expiry Date (MM/YY):     /

Name on card if different from your name:

Please include your signature in this box upon printing this form:

If you are sending this response form by mail, send to:

Silent Voice Canada 50 St. Clair Ave East, Suite 300 Toronto, Ontario M4T 1M9

If you are sending this response form by fax, send to: (416) 778-1876