

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 EXPERIENCE (Sign Language Summer Program), 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, 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 AND THEIR FAMILIES:

Minimum donation of \$5.00

PERSONAL & CONTACT INFORMATION...

* Indicated 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 appeals? 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 \$15.00 or more.

CREDIT CARD (VISA) 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 M4T1M9

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