



The Centre for DREAMS
58 Main St. North
Unit 19B
Markham, ON L3P 1X5
www.dreamsinc.ca

The Centre for DREAMS Mail-In Gift Form

Please make all cheques payable to The Centre for DREAMS

Date (mm/dd/yyyy):			
Name:			
Mailing Address:			
City:	Province:	Postal Code:	
Phone:			
E-mail:			
Enclosed is my gift for	\$		

Please add me to The Centre for DREAMS: Mailing List E-Mail/Newsletter List

Please designate by gift as selected (*please select one*)

<input type="checkbox"/> Life Skills and Education Programs	<input type="checkbox"/> Building Fund
<input type="checkbox"/> Outreach Program	<input type="checkbox"/> Other (please specify):

If you would like to make your gift a Tribute, please complete this section

In Honour of:	
Personal Message:	

Send Gift notification to (*if applicable*)

Name:			
Mailing Address:			
City:	Province:	Postal Code:	

Please send your donation to The Centre for DREAMS

THANK YOU FOR YOUR SUPPORT!