



Yes, I would like to support the Youthdale Child and Adolescent Sleep Centre by making a donation of:

- \$50 \$100 Member \$250 Friend \$500 Supporter \$1,000 Patron
 \$1,500 or more Benefactor I prefer to give \$ _____

Please keep my name anonymous

Payment by: Visa Mastercard Cheque (please make your cheque payable to the Youthdale Foundation/Sleep Program)

Credit Card No: _____ Expiry Date: _____

Signature: _____ Date: _____

A receipt for tax purposes will be issued for donations of \$25.00 or more. Charitable Registration No. 3683192

Name: _____ Telephone: _____

Email: _____

Address: _____

Postal Code: _____

If you prefer to donate online go to: <http://youthdalefoundation.com/Donate/> click on "Donate Now" and under Fund/Designation, scroll down to select CHILD AND ADOLESCENT SLEEP CENTRE.