_ *Yes, I support the good work of Sojourn House….*

Enclosed is my donation of:

_ $25.00 _ $50.00 _ $100.00 _ Other: $ _____

_ Please find my cheque enclosed, payable to Sojourn House
OR

Please charge my: _ Visa _ MasterCard

Card #: _____/_____/_____/_____ Expiry Date: (mm/yy) _____/_____

SIGNATURE: _____

A Little Every Month Goes a Long Way….

_ I wish to donate on a monthly basis:

_ $20.00/month _ $50.00/month _ Other:$____ /month

I authorize Sojourn House deduct on my: _ Visa _ MasterCard

Beginning: (dd/mm/yy) ____/____/_____ AND Ending: (dd/mm/yy) ____/____/_____

To Recognize and Receipt….

Name: _____

Address: _____ Apt. #:_____City: _____ P Code:_____/_____

Telephone: ( )_____ E-mail: _____

Sojourn House respects your privacy. We will keep your personal information for tax receipting purposes and to share Sojourn House information with you. We do not sell trade or lend your contact information.

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email: info@sojourncampaign.com

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A REGISTERED CANADIAN
CHARITABLE ORGANIZATION
NO. 890053192RR000