

I Believe in Miracles

citykidz

My Church: _____ My Name: _____

Media Partners:

Address: _____ Apt: _____ City: _____



Postal Code: _____ Tel #: _____ Email: _____

Corporate Partner:

My 'Miracle Sunday' love offering: \$ _____



Cash is enclosed My cheque, payable to 'City Kidz,' is enclosed

Charge my Visa Charge my MasterCard # _____ Exp: ____ / ____

Name on Card: _____ Please mail me a tax receipt (Only issued for amounts \$20 or over)

I would like to sponsor a child or children. Please have someone from City Kidz contact me. No Correspondence Please

I would like to volunteer at City Kidz. Please have someone from City Kidz contact me.

(905) 544-3996

www.citykidz.ca

Charitable #89498 2479 RR0001

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