YES! I WANT TO CONTRIBUTE TO UNITED CHESED'S PASSOVER DRIVE!

Name:	Email Address:	
Phone Number:	Address:	
□ I would like to be informed	of future client needs. Please add me to the UCT Email Network.	
Donation amount: \Box \$	518 🗆 \$36 🗆 \$54 🗆 \$108 🗆 \$180 🗆 Other:	
□ Cheque is enclosed. (Please	e make cheque payable to: United Chesed of Toronto, Re: Passover)	
Please charge my credit car		
Card #:	Expiry Date:	
Head to www.UnitedCl	nesed.com/passover to make your donation via PayPal or CanadaHelps	
Тна	NK YOU SO MUCH FOR YOUR SUPPORT!	
L Tear here	Tear here	

Instructions:

Step 1: Fill out the applicable informationStep 2: Print out the formStep 3: Cut or tear the form along the instructed, dotted lineStep 4: Insert form in envelope (with cheque, if applicable) and mail to:

United Chesed of Toronto P.O. Box 8047, RPO Cedarcroft Toronto, ON M2R 0A1