



**Yes! I want to help youth and adults with disabilities.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

☐ I have enclosed a cheque payable to Hutton House Foundation.

☐ I prefer to use: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex

Card#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

☐ **I would like to become a Monthly Donor.**

I hereby authorize Hutton House Foundation to arrange automatic withdrawals from my bank account  
for the following amount:

\_\_\_ \$5 \_\_\_ \$10 \_\_\_ \$20 \_\_\_ \$50 Other \$ \_\_\_\_\_

I understand that I may cancel this authorization at any time with written notice.

Signature: \_\_\_\_\_

*\* Please include a cheque marked VOID. Withdrawals will take place on the 15th day of each month.*

☐ **I have named Hutton House Foundation as a beneficiary in my will.**

**Please mail your donations to:**

Hutton House Foundation

654 Wonderland Rd. N., London, Ontario N6H 3E5

Charitable Registration (BN) No. 87136 9328 RR0001

Our records are confidential. We do not share our donor lists.

***Thank you for your generosity!***