

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

__ \$5 __ \$10 __ \$20 __ \$50 Other \$ _____

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 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!