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**YES! I want to make a gift to the Cerebral Palsy Association of British Columbia!**

\$150     \$100     \$75     \$45    My Choice \$\_\_\_\_\_

Monthly     One-time       Please charge my VISA/MasterCard

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Tel \_\_\_\_\_

Card Number \_\_\_\_\_  
Expiry Date \_\_\_\_\_ Signature \_\_\_\_\_  
Name on Card \_\_\_\_\_

- I have enclosed a cheque payable to CPABC
- I do not wish to be added to your mailing list

I would like more information on leaving a gift in my will

**Charitable Registration BN 10690 4204 RR0001  
330-409 Granville Street, V6C 1T2  
Tel: 604-408-9484 Toll Free: 1-800-663-0004**

***Thank you for your Support!***

The CPABC protects your vital information.  
We do not share or sell our donor lists.

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**Please inform me of upcoming events and programs**

Email \_\_\_\_\_

Mail \_\_\_\_\_

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