

FUNDRAISING ACTIVITY: _____

Include event name, date, host
(if applicable) _____

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*Human Dignity,
Healthy Communities,
Global Justice*

YES, I WANT TO CONTRIBUTE TO SOLUTIONS WITH A CHARITABLE DONATION

I wish to help with a gift of \$ _____

DIRECT MY GIFT TO:

Area of greatest need
 A specific project _____

PAYMENT METHOD

Cheque (*payable to Change for Children*)
 Visa **MC** Exp date _____

Card # _____

Signature _____

Name _____

Address _____

Phone _____

Email _____



THANK YOU!

Your contribution helps CFCA support community solutions that improve access to clean water, education and healthcare, ensure environmental preservation and food security, promote the rights of children, women and indigenous peoples and support economic development and micro-credit initiatives.

SEND TO: **CHANGE FOR CHILDREN ASSOCIATION (CFCA)**
2nd Floor, 10808 124 St, Edmonton, AB T5M 0H3

Charitable tax receipts are issued within 6 weeks for all donations of \$20 or more. CFCA's Registered Charitable #: 11884 9496 RR0001

DONATE ONLINE visit change4children.org and click on **Donate Now**



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