



Kerry's Place Autism Services & Kerry's Place Residential Services Membership Form

Please complete this form and mail your payment to 34 Berczy Street, Suite 190, Aurora, ON L4G 1W9

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Membership Categories

(Please check appropriate box)

		Qty	Total
<input type="checkbox"/>	Individual	\$20.00	_____ \$_____
<input type="checkbox"/>	Persons with Autism Spectrum Disorder, Senior or Student	\$15.00	_____ \$_____
<input type="checkbox"/>	Persons residentially supported by Kerry's Place (honorary, non-voting)	No Fee	_____ \$ 0.00
<input type="checkbox"/>	Corporate or Organization	\$60.00	_____ \$_____
<input type="checkbox"/>	Associate (Kerry's Place staff, non-voting)	\$20.00	_____ \$_____

YES! I would like to pay for a multiple year membership!

1 Year or
 2 Years or
 5 Years

_____ \$_____

As a member, I would also like to make a onetime donation in the amount of: \$_____

Total amount (membership fee(s) + donation): \$_____

Method of Payment (Please circle):

Visa
 MasterCard
 Amex
 Cheque (made payable to Kerry's Place Autism Services)

Card Number: _____ Expiry: _____ CVN: _____

Name on Card: _____ Signature: _____

Please note:

Enrolment grants dual membership in Kerry's Place Autism Services and Kerry's Place Residential Services. . In order to have voting privileges, membership fees must be paid in full 45 days prior to the Annual General Meeting. Memberships received between Jan 1st and Jul 31st are valid for the *current* calendar year. Memberships received between Aug 1st and Dec 31st are valid until the end of the *next* calendar year. Eligibility to vote at the Annual General Meetings requires a valid membership for the *current* calendar year as described above.

Monthly Giving A monthly donation to Kerry's Place is a simple and effective way of showing your support.

Yes! I would like to become a monthly donor to Kerry's Place Monthly Donation: \$_____

Signature: _____

Please process my monthly donation using the following method:

- Pre-authorized cheque (attach void cheque)
- Same credit card as indicated above

Our Privacy Statement: Kerry's Place Autism Services is committed to protecting the privacy and the confidentiality of the personal information collected by Kerry's Place from our members and donors. Please indicate your wishes below.

- Do not publically acknowledge my donation.
- Do not include me on your mailing list.
- Do not send me the link to sign up for Kerry's Place newsletter "Connections"