

Kerry's Place Autism Services & Kerry's Place Residential Services Membership Application / Renewal Form

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

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|--|--|--|--|--|
| Addre | ess: | | | |
| City: | P | rovince: | Postal Code: | |
| Phone | e: | Email: | | |
| | | | Quantity | Total |
| | Regular Membership | \$20.00 each | x | = \$ |
| | As a member, I would like to make a one-time | e donation in the ar | nount of: | + \$ |
| | Total amount of membership fees + donation |): | | = \$ |
| | hasing more than one membership, please te the name of additional member(s): | | | <u> </u> |
| Metho | d of Payment | | | |
| Visa | | de payable to Kerry's F | Place Autism Service | s) |
| Card Nu | umber | | Expiry | CVN |
| Name on Card | | Signature: | | |
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KERRY'S PLACE AUTISM SERVICES 34 BERCZY
PHONE: (905) 841-6611 ● FAX: (905) 841-1461 EMAIL: FUN

34 Berczy Street, Suite 190, Aurora, ON. L4G 1W9

EMAIL: FUNDRAISING@KERRYSPLACE.ORG CHARITABLE REGISTRATION #: 107565665 RR0001