
Donation Form for Canada

PLEASE COMPLETE AND MAIL ADDRESSED TO:

UCF UNITED CHILDREN'S FUND

300-1055 West Hastings Street

Vancouver, BC V6E 2E9

CANADA

Yes, I want to help United Children's Fund help others.

Please find enclosed my gift of: (X)

\$35____\$75____\$125____\$175____\$250____\$500____

Other \$_____

Payment may be by:

Check or Money order made out to UCF United Children's Fund_____

or by using your Visa____MasterCard____Bank Debit_____

Credit Card Information

Card Number:_____.

Security Number on Back of the Card:_____.

Type: Visa:__**MasterCard:**__. (X)

Expiration Date: Month:____**Year:**_____.

Name:_____.

Phone:_____.**Email:**_____.

Address:_____ **City:**_____.

State/Province:_____ **.Zip/PostCode:**_____.

AMBASSADORS OF HOPE

Make the gift that gives hope month after month, join the **Ambassadors of Hope**. This assures the promise of a better tomorrow for those who need your help most. It easy, we do all the work for you and it helps you budget your monthly giving. It reduces our fund raising and administrative costs, which means your gift goes even further. Its not forever, you can opt out of the program any time.

Country: _____ .FAX: _____ .

I authorize a credit card gift of \$ _____ to be processed each month until I cancel the gift arrangement.

Tax receipt No___Yes___ (X)

Thank you very much!

UCF United Children's Fund

300-1055 West Hastings Street

**Vancouver, BC V6E 2E9
Canada**

**Telephone 1-800-615-5229/FAX 604-684-6024
Charity Registration Number # 87535 5208 RR0001**

[email: United@UNChildren.org](mailto:United@UNChildren.org)