

Yes. I want to help. Please accept my donation:



www.gefc.ca

613-749-4728

\$35

Feeds one person
for four days.

\$65

Feeds two people
for four days.

\$120

Feeds four people
for four days.

\$180

Feeds six people
for four days.

Other \$ _____

Cheque payable to the Gloucester Emergency Food Cupboard enclosed **or** Please bill my credit card once **or**

Monthly donation of \$ _____ to be billed to my credit card on the 1st day of the month for 12 months.

Please print clearly:

Mr. / Mrs. / Miss / Ms: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____

Credit Card Information:



Credit Card Number: _____

Expiry Date: ___/___ Signature: _____

Gloucester Emergency Food Cupboard, 2040 Arrowsmith Dr., Ottawa, ON K1J 8V9

Charitable Registration Number: 132864943RR0001