

Here's my donation in support of The Dam!



**I want to help make the work
of The Dam possible.**

I wish to make a donation to The Dam (cash or cheque enclosed)

Or maybe you would like to make a monthly commitment to The Dam...

I authorize The Dam to withdraw monthly donations of
\$ _____ from my bank account and have enclosed a
cheque marked VOID. *(Please complete the name & address information on the right.)*
Please circle your preference for monthly bank account debits: 1st or 15th

I authorize The Dam to debit my credit card monthly with
donations of \$ _____. *(Please complete the information on the right.)*

Signature: _____

Date: _____

Charitable Registration Number: 88932 7466 RR0001

** Credit Card withdrawals will be made on the 1st of each month. Monthly debits to your account will be made on the 1st or 15th of each month. Annual receipts will be issued after year end for tax purposes.*

Name: _____

Address: _____

Phone #: (____) _____ E-mail: _____

CREDIT CARD: Visa MasterCard

Credit Card # _____

Expiry Date _____

Signature _____

Thank you for helping us help youth!

Mailing Address:
The Dam Youth Drop-in
P. O. Box 21217
Meadowvale Postal Station
Mississauga, ON L5N 6A2



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