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## MAKE A DIFFERENCE IN YOUR COMMUNITY!

Since 1956, Wavefront Centre for Accessible Communication has been passionately committed to addressing concerns about accessibility and quality of life for Deaf and Hard of Hearing individuals in BC.

Make a one-time donation or a monthly donation to support vital programs in our community. Your gift will allow Deaf and Hard of Hearing individuals to access the Wavefront Centre's services in Audiology, Counselling, Seniors Outreach, Interpreting and Communication Devices.

## YES! I WANT TO SUPPORT WAVEFRONT CENTRE!

- \$50 per month (ongoing)                       \$20 per month (ongoing)                       \$10 per month (ongoing)
- Other: \$\_\_\_\_\_ per month for \_\_\_\_\_ months
- One-Time Donation of:                       \$100                       \$50                       \$20                       Other \$\_\_\_\_\_

All donations over \$20 will automatically receive a charitable tax receipt.

**Individual Donor Name:** \_\_\_\_\_

**Business Donor Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone/TTY: \_\_\_\_\_ E-mail: \_\_\_\_\_

I prefer:     A printed newsletter mailed to my address above     An e-newsletter sent to my email inbox above

### Payment Method

- My cheque is enclosed (payable to "Wavefront Centre for Communication Accessibility")
- Credit Card:                       Visa                       MasterCard                       American Express
- Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CVD: \_\_\_\_\_
- Name on Card (if different than above): \_\_\_\_\_
- What day of the month should we process your donation? \_\_\_\_\_

By signing below, I am giving my consent for Wavefront Centre to make pre-authorized withdrawals (if I am a monthly donor) from my account or credit card. I may revoke my authorization at any time, subject to providing notice of 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_