



Federated Women's Institutes of Ontario

Please Tell Us About Yourself:

We respect your privacy! Your email address & phone number are for our office use only.

First & Last Name _____

Email _____

Phone Number _____

Mailing Address _____

I WOULD LIKE MY MONTHLY GIFT CARD ORDER TO CONSIST OF: (Minimum order \$200/month)

LOBLAWS  Zehrs  wholesale club  independent  Superstore  maxi 	M&M MEATS 
\$50 x _____ \$100 x _____ \$250 x _____	nofrills  provigo  FORTINOS  valu-mart 
OVERWATEA FOODS  Cooper's Foods 	SOBEYS  FOODLAND 
\$50 x _____ \$100 x _____ \$250 x _____	PriceSmart foods  FARE  FRESH CO. 
LONGO'S \$50 x _____ \$100 x _____ \$250 x _____ 	sobeys  IGA  THRIFTY FOODS 
SAFEWAY \$50 x _____ \$100 x _____ \$250 x _____ 	TIM HORTONS  STARBUCKS 
METRO \$50 x _____ \$100 x _____ \$250 x _____  	\$25 x _____ \$50 x _____
SHOPPERS DRUG MART \$25 x _____ \$50 x _____ \$100 x _____ 	PETRO CANADA \$50 x _____ \$100 x _____ \$500 x _____ 
WALMART \$50 x _____ \$100 x _____ \$250 x _____ 	CANADIAN TIRE \$50 x _____ \$100 x _____ 
COSTCO \$50 x _____ \$100 x _____ \$250 x _____ 	ESSO \$50 x _____ \$100 x _____ 

PAYMENT INFORMATION: (Minimum order \$200/month)

I would like my monthly order every other month

My Financial Institution: _____

Street: _____ City: _____

Branch Number: _____ (5 Digits) Institution Number: _____ (3 Digits)

Account Number: _____ (Maximum of 12 Digits)

I WOULD LIKE MY FUNDS TO BE WITHDRAWN: Full amount, once a month Half of full amount, twice a month

cheque #	institution #
branch #	account #
001	12345 678 9012345678

ATTACH A VOID CHEQUE IF POSSIBLE

If you wish to pay with post-dated cheques, please contact our office.
1.866.669.2276

PAYMENT INFORMATION: (Minimum order \$200/month)

VISA Number: _____

MASTERCARD Exp. Date: ____/____/____ (MM/YR) Security Code: ____-____-____ (3 Digits)

Name on Card: _____

Signature: _____ Date: ____/____/____ (MM/DD/YR)



At the beginning of each year, you will receive a **CHARITABLE TAX RECEIPT!** You receive a tax credit for simply paying for your groceries the gift card way! Minimum order is only \$200/month (approximately \$50/week), which we all easily spend every month. Your gift card order will automatically arrive each month without worry of reordering. **YOUR GIFT CARDS WILL NEVER EXPIRE!** You will receive your card order once a month. If you want to change or cancel your order just contact the CCS office on or before the 15th of the month to make the change to your order for the following month.