

Please Tell Us About Yourself:

First & Last Name _____

Email _____

Phone Number _____

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

Mailing Address

5 key benefits of paying with gift cards:

1. You are supporting a charity and getting a charitable tax receipt without spending any additional money!
2. Your payment can be processed by Credit Card or Monthly Bank Withdrawal, allowing you to conveniently budget each month.
3. Gift cards never expire and you will get through the checkout faster than paying with cash, debit or credit.
4. Your gift cards are guaranteed to be securely delivered to you each month via Canada Post
5. You will STILL receive your Retailer Rewards (PC Points, Air Miles, Petro Points, Shoppers Optimum etc.)

Charity you are supporting: _____

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

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

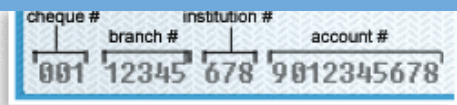
PAYMENT INFORMATION: (Minimum order \$200/month)

My Financial Institution: _____

Street: _____ City: _____

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

Account Number: _____ (Maximum of 12 Digits)



ATTACH A VOID CHEQUE IF POSSIBLE

I WOULD LIKE MY FUNDS TO BE WITHDRAWN: Full amount, once a month Half of full amount, twice a month



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.