



EST. 1899

United for Literacy
Littératie Ensemble

I wish to make a total pledge of \$_____ beginning on this date: _____
Payment amount of \$_____ to be paid monthly or to be paid annually

First name: _____ Last Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

I prefer to be recognized publicly as: Name shown above Anonymous

Other, please specify: _____

Method of payment

I have enclosed a cheque payable to United for Literacy

I prefer to use my:    Expiry: _____

Credit card number: _____ Security code (3 digits): _____

I hereby authorize United for Literacy to charge the credit card provided. Date: _____

Signature: _____

Yes, I would like to receive the United for Literacy e-newsletter

Yes, I prefer to receive my tax receipt by email

Yes, I would like to find out more about becoming a monthly donor, please call me

Yes, I once was a volunteer with United for Literacy (formerly Frontier College)

United for Literacy respects your privacy.
We do not rent, sell, or trade the names of
our valued supporters.

Thank you for choosing to change lives through literacy.

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