

Thank you for your generosity and shared commitment to helping people and changing lives!



As you consider our request for financial support, please see how your gift will help:

- **Counselling:** Your gift will continue the provision of therapeutic counselling: (i) providing healing to survivors of violence and trauma, and (ii) providing support to individuals, couples and families.
- **Food Bank:** Your gift will help to assist those who need food and special services for themselves and their families.
- **Settlement Services:** Your gift will assist those who are newcomers and refugees to Canada to access community services and participate in support groups and income-generating / skills-development / training courses.
- **Support:** Your gift will assist in providing support groups (geared towards emotional isolation), recreational activities, workshops, bible study sessions, prison visitation and life-skills coaching.

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Business Number:
13036 3740 RR0001

... and much more!

Thank you for caring enough to make a difference!

Donation Amount: \$ _____

Date of Gift: _____

Please complete the form below and return to The Lighthouse at the above-noted address. Complete and keep the remainder of this page for your records.

Thank you! We will send you an official receipt for income tax credit early next year.

Please retain this portion for your personal records.

PLEASE DETACH AND RETURN PORTION BELOW



Donation: \$ _____ Method of Payment: Cheque (payable to **The Lighthouse**) VISA MasterCard

MC / VISA # _____

Expiry Date: ____ / ____
MM YYYY Cardholder's Name (as appears on card) _____

(If paying by MC/VISA) I, the undersigned, hereby confirm that I am the authorized user of the above-noted VISA/MasterCard and hereby authorize The Lighthouse Christian Social Services (o/a The Lighthouse) to post to such VISA/MasterCard account the amount of the Donation indicated herein.

Please send tax receipt to: Name and address on cheque enclosed
 Name and address completed below

(Signature of Cardholder – MC/VISA)

Donor Name: _____

Donor Address: _____
Street No. & Name Unit/Apt/Suite No. City/Town Postal Code

I'd like to subscribe for The Lighthouse's e-Newsletter. My email address is: _____