



Please complete this form in order for us to have your correct contact information, and send it to our office at your earliest convenience. You may return the form by mail or email. We accept payment by cheque, money order, or credit card. All charitable contributions are tax deductible. You will receive an income tax receipt if requested.

TITLE <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.		
FIRST NAME		LAST NAME
AGENCY/ORGANIZATION (IF APPLICABLE)		
POSITION		
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE* ()	EMAIL**	
PAYMENT		
CHARITABLE CONTRIBUTION <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER AMOUNT \$ _____		
INCOME TAX RECEIPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
PAYMENT METHOD <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX		
NAME OF CARD HOLDER		
CREDIT CARD NUMBER		EXPIRY DATE (MM/YY)
SIGNATURE		

* Please note that you would only be contacted by phone if one of our mailings is undeliverable.

**Would you like to receive our periodic electronic newsletters with important updates about adoption in Canada? Yes No

I AM (PLEASE CHECK ANY THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Prospective adoptive parent |
| <input type="checkbox"/> Birth parent | <input type="checkbox"/> Adoptee |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Prospective foster parent |
| <input type="checkbox"/> Social worker | <input type="checkbox"/> Health professional |
| <input type="checkbox"/> Researcher/academic | <input type="checkbox"/> Other: _____ |

Thank you for supporting the work of the Adoption Council of Canada!