



ONTARIO ASSOCIATION OF THE DEAF



ORGANIZATION MEMBERSHIP FORM

PAYMENT INFO

Organization name: _____

Street address: _____ Apt #: _____

City: _____

Province: _____

Email: _____

Phone number: _____

Organization	<input type="checkbox"/> \$100
Subscription only*	<input type="checkbox"/> \$ _____

*Subscription only means you are not member of Tri-o, but you are able to get e-newsletter and updates in emails

MAKE A DONATION Your gift will greatly support our mission.

Please select which one you'd like to donate to:

- All OAD ODSA OCSD

For the amount of:

- \$50 \$75 \$150 \$250 \$500
 Other (specify) \$ _____

Please check which payment method you're using:

PAYMENT: Enclosed is my cheque for \$ _____

OR: PAYMENT BY: VISA MC PAYPAL to office@deafontario.ca

OR: PAYMENT BY: E-Transfer to office@deafontario.ca

PLEASE MAIL TO:

2395 BAYVIEW AVENUE
TORONTO ON M2L 1A2

CHARITABLE REGISTRATION #: 11906 7411RR0001
email us: office@ontario.ca or call us: 416-413-9191

OFFICE USE ONLY

Date received: _____

Date expiry: Following year on December 31st

Paid by: cash cheque receipt tax receipt other

Signature: _____

thank you card

ID # _____