



Supporters plan

Thank you for partnering with Chabad. Your support enables us to continue our vital work providing programs and services to the Jewish population of Simcoe County.

Full name _____ Email _____

Spouse name _____ Email _____

Full address _____

Phone _____

Child 1 name _____ Age _____ Child 2 name _____ Age _____

Child 3 name _____ Age _____ Child 4 name _____ Age _____

All plans include free holiday programs and all other year round events for the entire family and are subject to a tax deductible receipt. With a tax deductible receipt, you can receive 40% of your contribution back as a tax credit.

Yes, I would like to support Chabad of Barrie with the amount of:

\$30 a month* \$150 a month Other _____

\$50 a month \$200 a month

\$100 a month \$300 a month

*This plan covers up to 2 people.

Payment method: Pre authorized payment PayPal Cheque Cash

Would you like to be reminded by email when your payment is due? Yes No

Credit card # _____ - _____ - _____ - _____ Exp ____/____ CVC _____

I would like to submit payment on the ____ day of each month, until 12 / 31 / 2016

I would like to receive my tax deductible receipt via: Email Monthly Regular mail annually

Date _____ Signature _____

For all your Jewish needs

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