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Charitable Registration No. BN 129778353 RR0001

**Yes**, I want to support Selections Support Services

**Here is my gift of:**

\$500     \$200     \$100     \$50     Other \$ \_\_\_\_\_

I wish to make monthly donations, to be made on the \_\_\_\_ day of each month, to Selections in the amount of:  \$100     \$50     \$25     \$10     Other \$ \_\_\_\_\_

**Payment Method:**

Cheque enclosed; OR

Bank withdrawals: I authorize Selections to make withdrawals from my bank account in the amount indicated above (please enclose a blank cheque marked VOID for this purpose); OR

Credit Card: I authorize Selections to debit my credit card in the amount indicated above.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card:  Mastercard     Visa    Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Please direct my gift to support:**

Program/Staff Development     Employer Recruitment  
 Client Recruitment     Other \_\_\_\_\_

*I/we would like to receive information on making a bequest or other form of planned gift.*

The information you provide on this form may be used by Selections to keep you informed of ongoing activities of the Foundation. *Selections does not sell or trade donor information.*

I/we **opt not** to receive any further information from Selections.

Your name may appear in upcoming donor recognition lists such as in the Annual Report.

I/we would like to remain anonymous.