AMSSA ***The Voice of Diversity in Your Community***

"***There is no equivalent forum for linking service providers, policy makers, and clients in the settlement and multicultural fields. Our ability to do our work effectively and appropriately would be significantly diminished without the communications, networking, and unified voice functions that AMSSA provides***" *– Ruth, multicultural service provider.*

Making a difference is important to me. I want to support AMSSA. Here is my….

❑ **One time donation of** ___ **$50** ___ **$100** ___ **$35** ___ **$200** ___ **Other $** _____

❑ **Quarterly gifts of** **$** _____ **For** ___ **2010** ___ **2011** ___ **2012**

❑ **Monthly gifts of** **$** _____ **For** ___ **2010** ___ **2011** ___ **2012**

❑ Cheque(s) enclosed, payable to AMSSA

❑ I prefer to make my donation by credit card

❑ Visa ❑ Mastercard

Name on Card: _____

Card #: | | | | | | | | | | | | | | | | |

Expiry Date | | | | | | | | | | | |
Year Month CSC

❑ Direct Debit.

I authorize AMSSA to withdraw from my chequing account, on the _____day of each month, beginning in _____, 20___, for the amount of:

❑ **$100** ❑ **$50** ❑ **$25** ❑**$15** ❑**Other $**___

I have attached a void cheque. Withdrawals will continue until I inform AMSSA and my bank to cancel.

Signature: _____

Please fax this form to AMSSA at (604) 298-0747 or mail to the address below.

All of us at AMSSA thank you for your support.

A charitable tax receipt will be issued for donations of $10 and over. Charitable Registration #887976736 RR0001

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