

Toonie Twinning - Information....Interest

I am interested in the Toonie Twinning Project

My name is: _____

My address is: _____

My e-mail address is: _____

My phone number (home) _____
(work/cell) _____

I am interested in signing up my (son,daughter,grandchild)

	Name	Birthdate or Age
1)	_____	_____
2)	_____	_____
3)	_____	_____

Please use the back of the form if you need more space.

Code #	Name	of child/children you are choosing.
_____	_____	_____
_____	_____	_____
_____	_____	_____

The monthly amount per child is \$8.00, or you may choose another amount.

I would like to sign up for PAR (Pre-authorized remittance) _____ or
I would rather send a cheque in the mail _____

Participating children's addresses will be requested so that they can receive mail from their twin. If you know them now, please include on the back of the sheet, and if not we will contact you by email at a later date.

Thank you very much for participating in this child and community empowering endeavor.