

## **MOON IN** JUNE



## Proceeds to benefit W.E. Care for Kids

		Collector's Name:		Tel:	Address:	P/Z Code	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid		Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid		Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Chec k when paid		Address:	Postal/Zip Code:	☐ Chec k when paid	
Name:	Tel:	☐ Receipt required	\$	Name:	Tel:	☐ Receipt required	\$
Address:	Postal/Zip Code:	☐ Check when paid		Address:	Postal/Zip Code:	☐ Check when paid	
Name:	Tel:	☐ Receipt required	\$		ō		
Address:	Postal/Zip Code:	☐ Check when paid	1				

Tax receipts will be issued on request for pledges of \$20 or more. Cheques made payable to: WE care for Kids