



**ANCOP International Canada, Inc.**

Charity Registration Number: 87935 0312 RR0001

To sponsor online please visit:  
www.ancopcanada.org/sponsor  
Mail completed form to:  
Unit 3 - 418 Hanlan Road  
Vaughan, ON L4L 4Z1  
Phone number: 1.877.MY.ANCOP (692.6267)

**YES! I will help and sponsor:**

**CHILD**

**Elementary/High School**

\$38.00 /month OR  \$456.00/year

**College/Vocational/Technical:**

\$76.00 /month OR  \$912.00/year

**SHELTER \$3500/Family Home**

One Time: \$ \_\_\_\_\_

Monthly: \$146.00 (2 years)

**Donation to General Funds**

One Time: \$ \_\_\_\_\_

Monthly: \$ \_\_\_\_\_

Tax receipt will be issued on donation of \$20.00 or more.

Please PRINT CLEARLY in blue or black ink.

**DONOR'S INFORMATION** (To be used for your Tax Receipt)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILD ID: \_\_\_\_\_ CHILD NAME: \_\_\_\_\_

Please select a preferred Pre-authorized Deduction Day of the each month

1st OR  16th Starting month \_\_\_\_\_

**BANK ACCOUNT INFORMATION** (Please attach a Void Cheque)

Deposit Account Number:

Bank Transit Number:  Financial Institution Number:

Chequing Account Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**OR**

**CREDIT CARD INFORMATION**

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

**VISA**  **MasterCard**

Expiry Date:  (Month)  (Year)

ANCOP reserves the right to redirect funds as it deems necessary in the implementation of its program.  
This authorization shall remain in effect until I notify ANCOP at least 30 days if I wish to discontinue the Sponsorship.

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_