

YES! I want to renew my community support.

Single Donation

Today I'd like to give: \$10 (same as my last gift) \$ _____ I prefer to give: \$ _____

Monthly Donation*

I authorize the **New Path Foundation** to receive this amount monthly: \$ **10**

Signature

Date

*You can change or stop your gift at any time, simply by contacting us.

Mailing Address

Select your payment method

Please charge my credit card: VISA MASTERCARD AMEX

Name on card: (please print) _____ Expiry Date: _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Signature

Thank You!

Communication Options

- Sign up to receive news from New Path Foundation
- Sign up to receive your tax receipt by email

Email Address: _____ (You can opt out at any time)



A tax receipt will be issued for your donation. Charitable Registration #89250-7161-RR0001