

Accountants Who Care

Registration Form

Firm Name: _____

Contact : _____

Address: _____

City: _____

Postal Code: _____ Prov: _____

We want to donate:

A) To Local Charity and Opportunity International Canada _____

B) To Opportunity International Canada alone _____

Local Charity: _____

Address: _____

Our Firm pledges Per Return _____ or A Fixed Amount _____

Commitment per Tax Return: _____ Fixed Amount _____

Estimated # of returns: _____

Estimated Contribution: _____ Fixed Amount _____

Signature

Date

Please fax to 2020 Canada – 905-823-1585

