

THE CYRUS CENTRE

We _____ | _____

(Organization name)

(Contact Person)

would like to support THE CYRUS CENTRE _____ Staff _____

(Name)

One Time Contribution

\$ _____

Monthly

\$ _____ For _____ Months

Yearly

\$ _____ For _____ Years

Prayer Support

We will host a fund-raising event

Volunteers

Prepare meal (s)

Donate Medical or Dental Services

Other _____

(Please Indicate)

Yes, I would like someone to come and do a presentation for us.

Please make cheques payable to:

Christian Outreach of Canada and mail to:

P.O. Box 262 Abbotsford, BC V2S 4N9

Attention: The Cyrus Centre

or

Fax this commitment form to: 604 855-9367

Contact Information:

Name: _____

E-mail: _____

Address: _____

PC. _____

Phone: _____

(day)

(evening)

Note: Your enclosure of personal information is limited to this expressed purpose and is protected under the Privacy Act and will not be released except by your written consent.

Thank you!

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Thank you!

The CYRUS CENTRE PROJECT is a collective initiative by city churches and ministries working, serving and giving together to provide for and network to supply the basic needs of Abbotsford's at-risk youth. Sponsored by City Churches, Ministries, businesses and individuals.