



An Invitation to Join Circle 500Plus Sustaining the Pursuit of Our Mission and Vision

Canada Without Poverty has set the objective of 500 or more donors (individual and group) who contribute \$500 or more per year, and whose investments combined will enable a base of support estimated to be between \$600,000 and \$700,000 annually. The following illustrates how this objective may be reached through a combination of gifts ranging from \$500 to \$25,000.



Circle 500Plus: Table of Gifts Example Scenario					
Level	# of Donors	Gift Size	Total	Fraction of Donors	Fraction of Revenue
Prosperity	1	\$25,000	\$25,000	0/100	4/100
Opportunity	4	\$15,000	\$60,000	1/100	9/100
Solidarity	10	\$10,000	\$100,000	2/100	15/100
Dignity	20	\$5,000	\$100,000	4/100	15/100
Generosity	40	\$2,500	\$100,000	8/100	15/100
Honour	125	\$1,000	\$125,000	25/100	19/100
Foundation	300	\$500	\$150,000	60/100	23/100
	500		\$660,000		

Yes, I/we wish to be a member of Circle 500Plus, at the level of (check one):

- | | |
|---|--|
| <input type="checkbox"/> \$25,000 or greater PROSPERITY | <input type="checkbox"/> \$2,500 to \$4,999 GENEROSITY |
| <input type="checkbox"/> \$15,000 to \$24,999 OPPORTUNITY | <input type="checkbox"/> \$1,000 to \$2,499 HONOUR |
| <input type="checkbox"/> \$10,000 to \$14,999 SOLIDARITY | <input type="checkbox"/> \$500 to \$999 FOUNDATION |
| <input type="checkbox"/> \$5,000 to \$9,999 DIGNITY | |

I/we will not contribute to Circle 500Plus at this time, but wish to make a gift in the amount of (specify from \$1 to \$499): _____ INCLUSION

Name(s) _____

Organization (if applicable) _____

Street or PO Box _____

City/Town _____ Province/Territory _____ Postal Code _____

Contact telephone # _____ Email Address _____

Check one option only:

- I/we are paying by cheque: our cheque is enclosed.
- I/we are paying by VISA or MasterCard: Card number _____ Expiry _____
- I/we would like to contribute monthly, with the understanding that I/we can alter or cancel this plan at any time. Please send me/us the required form to initiate monthly contributions.

Check boxes as applicable:

- I/we wish to be asked for funds in the Spring **and/or** the Fall **and/or** the Winter
(does not apply to monthly donors or group donors)
- I/we wish to receive periodic information by regular mail **and** by email **or only** by email

Signature(s) _____

Thank you! Return to: Canada Without Poverty, 410-383 Parkdale Avenue, Ottawa, ON K1Y 4R4