

Bruce
Oake
Memorial Foundation



LAD

(Loonie a Day)

&



TAD

(Toonie a Day)

P R O G R A M

To further support the **“Save a Life”** Bruce Oake Memorial Foundation Campaign we are launching the **LAD** and **TAD** Club.

Members will be featured on the Bruce Oake Memorial Foundation as donors for their respective club membership, receive a LAD or TAD decal and a club member card with Thank you letter from Scott, Anne, and Darcy Oake.

Club Membership Options:



Be a **LAD** help **“Save a Life”**

- You will be listed (as specified) as a member while your membership is active
 - You will be charged as specified with monthly options available
 - You can cancel or renew at anytime
 - You can upgrade to a TAD at anytime
- 1 month - **\$31.00**
 - 2 month - **\$61.00**
 - 6 month - **\$183.00**
 - 12 month - **\$356.00**
 - 18 month - **\$548.00**
 - 24 month - **\$730.00**



Be a **TAD** help **“Save a Life”**

- You will be listed (as specified) as a member while your membership is active
 - You will be charged as specified with monthly options available
 - You can cancel or renew at anytime
- 1 month - **\$62.00**
 - 2 month - **\$122.00**
 - 6 month - **\$366.00**
 - 12 month - **\$730.00**
 - 18 month - **\$1,096.00**
 - 24 month - **\$1,460.00**

We need you help us **“Save a Life”!**



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DONATION

\$20 \$40 \$60 \$80 \$100 \$200 Other Amount \$ _____

LAD

1 month - **\$31.00** 6 month - **\$183.00** 18 month - **\$548.00**
 2 month - **\$61.00** 12 month - **\$356.00** 24 month - **\$730.00**

TAD

1 month - **\$61.00** 6 month - **\$366.00** 18 month - **\$1,096.00**
 2 month - **\$122.00** 12 month - **\$730.00** 24 month - **\$1,460.00**

Tax receipts will be issued for donations above \$20. CHARITABLE REGISTRATION NUMBER: 81742 2033 RR 0001

CONTACT INFORMATION:

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____ Tel#: _____

Email: _____

PAYMENT INFORMATION:

Cash Cheque Visa Mastercard Amex

Please make cheque payable to: **The Bruce Oake Memorial Foundation**

Credit Card Number: - - -

Expiration Date (MM/YY): / CW

Name as it appears on card: _____ Signature: _____