



Our vision ... to create a community in which youth are physically, emotionally, and spiritually whole.

Our goal ... to promote positive change in families, schools, and the community in order to create a safe social climate for children and families.

Yes! I'd like to support Courage for Youth!

Members and Donors receive the Courage for Youth newsletter, the Ophelia Project® newsletter, and event updates. For Corporate Members, the company logo and website link is included on the CFY website.

| | | | |
|---------------|--|-------------------------------------|-------|
| Member | <input type="checkbox"/> I'd like to become a member | <input type="checkbox"/> Individual | \$30 |
| | | <input type="checkbox"/> Corporate | \$150 |

| | | | | |
|--------------|--|---------------------------------------|----------------|-------|
| Donor | <input type="checkbox"/> I'd like to make a donation | <input type="checkbox"/> Individual | Amount of Gift | _____ |
| | | <input type="checkbox"/> Organization | Amount of Gift | _____ |

| | | | | |
|---|--|---|-------------------------------------|--|
| Volunteer | <input type="checkbox"/> I'd like to volunteer | Your occupation: _____ | | |
| | Your skills (check one or more): | | | |
| | <input type="checkbox"/> Administration | <input type="checkbox"/> Leader/Facilitator | <input type="checkbox"/> Data Entry | |
| | <input type="checkbox"/> Event Manager | <input type="checkbox"/> Promoter | <input type="checkbox"/> Fundraiser | |
| | <input type="checkbox"/> Computer – specify: | _____ | | |
| <input type="checkbox"/> Other – specify: | _____ | | | |

| | | | |
|-----------------------------------|-------------------------------|---------------------------------|-------------|
| _____ | _____ | | |
| Last Name | First Name | | |
| _____ | | | |
| Organization Name (if applicable) | | | |
| _____ | _____ | _____ | _____ |
| Street Address | City | Prov | Postal Code |
| _____ | _____ | | |
| Home Phone | Work Phone | | |
| _____ | _____ | | |
| Fax # | Email Address | | |
| _____ | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | |
| Total Amount Enclosed | | | |

Thank you for your support!

Please send this form, with your membership fee and/or donation, to:

Courage for Youth
 200-160 Dougall Road South
 Kelowna, BC V1X 3J4