



Membership Form

I/we are please to support *the Northstar Cultural Community Centre*:

Name(s): _____
PLEASE PRINT

Address: _____

Phone: _____

City: _____

E-mail: _____

Province: _____ Postal Code: _____

Place of Work (OPTIONAL): _____

Does your company offer Match my Gifts?

Yes No

Please designate your membership level:

\$250 for corporate membership **\$100** for non-profit membership

My/Our Payment Method

Cheque enclosed

*Please make cheque payable to the
Northstar Cultural Community Centre.*

Direct Debit from my/our bank account:

15th of the month **28th** of the month

Please attach a void cheque.

Credit Card: Visa Master Card

Credit Card number: _____

Expiry date: _____ / _____

Signature: _____

Processed on the:

15th of the month **28th** of the month

Donor Signature(s): _____

Date _____



Mailing Address
255 A Erie Street
Windsor, ON N9A 3X2

Phone
(519) 252-7143

Business Hours
Tuesday through Thursday
10:00 am - 2:00 pm (or by appointment)

Office Email
info@northstarcentre.org

WWW.NORTHSTARCENTRE.ORG