



**Independent Living  
Centre Kingston**  
Disability Resources and Support

# Members Donors Volunteers

Date: \_\_\_\_\_

I would like to support Independent Living Centre Kingston by becoming a member.

Individual - \$5.00

Family - \$10.00

Non-profit/  
Service Provider - \$10.00

Government Service/  
Business - \$10.00

I would like to make a charitable tax donation of \$ \_\_\_\_\_

I would like to volunteer. Please contact me.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Preferred Communications Method  Mail  Email  Phone

ILCK Mailing List (receive newsletter)  Yes  No

(over)



**The following information is used only for statistics. It is kept strictly confidential.**

Do you have a disability?  Yes  No

- Mobility  Hearing  Intellectual
- Learning  Mental Health  Vision

If Other/Details Please Fill In:

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Disability Related Accommodations:

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Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

**Please make cheque or money order payable to Independent Living Centre Kingston and forward to:**

Independent Living Centre Kingston  
540 Montreal Street  
Kingston ON K7K 3J2

**FOR OFFICE USE ONLY**

Amount enclosed: \$ \_\_\_\_\_

Date rec'd _____
Database _____
Receipt # _____