



**Na-Me-Res** (Native Men's Residence)  
 Attn: Fundraising Department  
 26 Vaughan Road  
 Toronto, ON. M6G 2C4  
 Telephone #416-651-6750 Ext. 2233 Fax #416-652-3138  
 Email: [general@nameres.org](mailto:general@nameres.org) Website: [www.nameres.org](http://www.nameres.org)  
**Charitable reg. #119050516RR0001**

*Men who are brave and heroic as you esteem them to be  
 Like them, I also consider myself to be  
 Songs from the Woodlands*

## NMR Annual Christmas Drive

### Na-Me-Res Mission Statement

**Na-Me-Res** (Native Men's Residence) is a temporary home for men, which fosters and maintains a healthy sense of community, cooperation and self-worth, through the promotion of Traditional Native Culture and Values. We endeavour to build a strong foundation for our residents on their road to recovery and self-sufficiency. For more information please review our web site at [www.nameres.org](http://www.nameres.org).

### I want to donate towards the Na-Me-Res (Native Men's Residence) Annual Christmas Drive:

I enclose my donation in the amount of:

\_\_\_\_\_ \$20.00 \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$250.00 \_\_\_\_\_ \$500.00 Other \$ \_\_\_\_\_

Please apply my donation towards the following:

- Towards purchase of socks/underwear; long-johns
- Towards purchase of hygienic items (shampoo, toothpaste, etc.)
- Towards purchase of sweaters/winter coats; sweatshirts, etc.
- Towards purchase of holiday candies; chocolates; etc.

Please make your cheque payable to:  
**Na-Me-Res (Native Men's Residence)**

**A charitable tax receipt will be issued for gifts of \$20 or more. Charitable Number: 119050516RR0001**

**Please Note:** Any donations received which exceed our Annual Christmas Drive will be applied towards our existing programs & services

### Charitable Tax Receipt Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone: \_\_\_\_\_

### **For Office Use Only**

Receipt # \_\_\_\_\_ Date Receipt Issued \_\_\_\_\_

Re: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_



A United Way Member Agency