

Sponsor an Adult or Child

Compassion First Care Services/Compassion Corner



Deanne Harding, Director (902) 315-1273

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Personal Information

Name: _____ Phone #: _____

Email: _____

Do you wish to remain anonymous? Yes__ No__

Sponsorship

Do you want to sponsor a child or adult? Child:___ Adult: ___

How many days a week do you want to sponsor? 1__ 2__ 3__ 4__ 5__

Fees: \$40/day for children, \$100/day for adults

Note: we cannot provide official donation receipts. After receiving your sponsorship form, we will call and set up a phone or in-person meeting. During this meeting we will set up payment, and answer any questions you may have. All donations go directly to sponsoring those who either do not have funding, or those who are awaiting funding in order to attend. Thank you for your donation!