

Sponsor an Activity

Compassion First Care Service



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Personal Information

Name: _____ Phone #: _____

Email Address: _____

Do you wish to remain anonymous? Y___ N___

Sponsoring the Activity

What activity do you want to sponsor? _____

How often? (i.e. once a month) _____ What is the cost of the activity? _____

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 activities and outings for our members. Thank you for your donation!