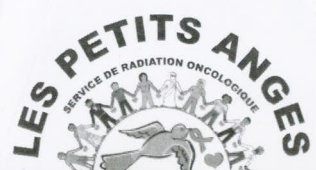


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First Payment Date: _____/_____/_____ (year/ month/day)

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Payment type: _____
(Monthly, Quarterly, Semi-Annually, Annually, , etc.)

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Form of payment _____
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Signature of Donor: **CARE AND EQUIPMENT FOR CANADIAN CHILDREN**

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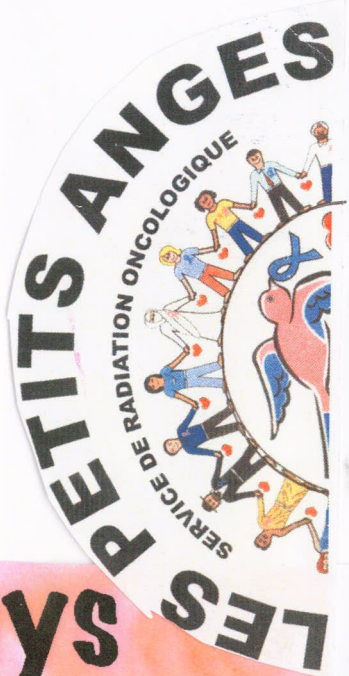
"We have an action plan in place, reaching out not only to our community, but Canada's teen and child community, because they know that LITTLE ANGELS R.O.C.S. LITTLE ANGELS RADIATION-ONCOLOGY CHARITY SOCIETY A BENEVOLENT TEAM in this case means CARE AND EQUIPMENT for Canadian CHILDREN" TERMINATE CANCER.

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