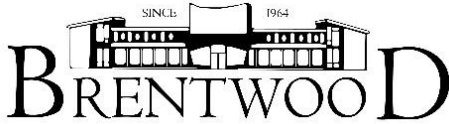


APPENDIX 1  
ALUMNI ATTESTATION



2335 Dougall Ave.  
Windsor, ON N8X 1S9  
Phone: (519) 946-3115 Fax: (519) 252-8244  
*Charitable Registration No. 11885 0130 RR001*  
Phone: (519) 946-3115 Fax: (519) 252-8244

**Brentwood Alumni Voter Registration**

**I attest that (check all that apply):**

- I have graduated from a 90 day program at Brentwood Recovery Home.
- I have attended at least 24 sessions of support programs at Brentwood Recovery Home, where “support programs” means any support program that may be offered by Brentwood Recovery Home from time to time, excluding programs for children and youth under the age of eighteen (18).

**In addition to being an alumnus, I confirm my willingness and desire to become a Member of Charity House (Windsor) operating as the Brentwood Recovery Home, in accordance with and subject to the terms of its By-Laws.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address (if applicable):** \_\_\_\_\_

**Phone (if applicable):** \_\_\_\_\_

**Email (if applicable):** \_\_\_\_\_

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