



How can you give back to the community?



Be a part of the Cochrane Connect Card and provide qualified applicants increased access to affordable transportation, recreation and services.

To qualify, participants must live within the Town of Cochrane or surrounding area and confirm they fall within the income guidelines.

Once qualified, each participant receives a card with photo ID that can be used for up to a year. Participants must re-apply annually.

By participating as a partner you will benefit by:

- Increased exposure
- New local customer base
- Recognition of your generous commitment to the community
- Your contribution being directed to those who need it the most

Interested in joining? The application process is easy:

- Determine your exclusive discount or offer for the Cochrane Connect Card
- Visit www.cochrane.ca/connectcard to complete the online application form or fill out the back of this page and send it to fcss@cochrane.ca
- Cochrane Family and Community Support Services (FCSS) will follow up with you to confirm details and eligibility

Once enrolled:

- Your business/organization will accept the Cochrane Connect Card as the one and only requirement
- Your business/organization name and discount or offer will be featured online on the Cochrane Connect Card webpage
- Current Connect Card holders will be notified of new business/organization offers through email communication
- You will receive a window decal to display in your window/door

For more information, contact FCSS at **403-851-2250** or email fcss@cochrane.ca.





Cochrane Connect Card Partner Application

The Cochrane Connect Card provides qualified low-income applicants with discounts on affordable transportation, recreation and services. Local businesses/organizations can offer discounts to card holders. Your participation can have a significant impact on those living with a low income in our community.

Date:
Name of business/organization:
Address:
Phone:
General email:
Website:
What level would you like to extend your discount/offer to: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Both <input type="checkbox"/>
What discount(s) would you like to offer:
Please briefly describe your discount/offer for the Cochrane Connect Card Program:
Contact information
Name:
Phone:
Email:

Thank you for your interest in being part of the Cochrane Connect Card Program. Cochrane Family and Community Support Services (FCSS) will follow up with you to confirm details and eligibility.

FOIP Notification: The personal information on this form is being collected for the purpose of administering and evaluating Town of Cochrane programs and services under the authority of section 33 (c) and protected under section 17 of the Freedom of Information and Protection Privacy (FOIP) Act. Your personal information may be used by the Town of Cochrane for the purpose the information was collected or compiled or of a use consistent with that purpose. If you have any questions about the collection, use, or disclosure of your personal information, please see this link: <https://www.cochrane.ca/175/Freedom-of-Information>.