



Donation Form

Please mail or fax your completed form to: **VWSAC**
Fax: (250)383-6112 **#511-620 View St.**
Victoria, BC V8W 1J6

Name: _____

Mailing Address: Street: _____
City: _____ Province: _____
Postal Code: _____

Phone: _____ E-mail: _____

YES! I would like to support the healing work of the Victoria Women's Sexual Assault Centre by giving a financial gift. Please find my donation enclosed:

\$40 \$75 \$125 \$250 \$500

I prefer to give \$ _____

I would like to become a member of the "\$1,000 Club" – a group of donors who have chosen to support the Centre with a minimum \$1,000 donation or minimum monthly donation of \$85. (See monthly giving option below.)

Enclosed is my cheque or money order payable to *Victoria Women's Sexual Assault Centre* (or *VWSAC*).

I prefer to use my credit card. Please charge my Visa MasterCard
Card #: _____ Expiry: ____/____(mo/yr)

Name on card: _____ Signature: _____

MONTHLY GIFTS

Please complete this section if you wish to make your gift in monthly installments.

I wish to give: \$ _____/month on the 1st or 15th of the month,
starting ____/____ (month and year).

I authorize the Women's Sexual Assault Centre to automatically withdraw these gifts from my bank account. (Please enclose a VOID cheque.) Signature: _____

Please charge my Visa MasterCard
Card #: _____ Expiry: ____/____(mo/yr)

Name on card: _____ Signature: _____

A tax deductible receipt will be issued for all gifts of \$10 or more.
Charitable Business # 10822 0054 RR0001