



Women's Sexual  
Assault Centre

healing, education & prevention

## Donation Form

Please mail, fax or email your completed form to:

Fax: (250) 383-6112

Email: [vwsac@vwsac.com](mailto:vwsac@vwsac.com)

VWSAC

#511-620 View St.

Victoria, BC, V8W 1J6

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address or PO Box #: \_\_\_\_\_ City: \_\_\_\_\_

Province & Postal Code: \_\_\_\_\_ 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 authorize the Women's Sexual Assault Centre to automatically withdraw these gifts from my bank account. (Please enclose a VOID cheque.) Signature: \_\_\_\_\_

I wish to give: \$ \_\_\_\_\_ on the 15<sup>th</sup> of each month (approx.), starting \_\_\_\_/\_\_\_\_ (mo/yr)

**OR**  Please charge my:  Visa or  MasterCard

I wish to give: \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month (approx.), starting \_\_\_\_/\_\_\_\_ (mo/yr)

Card #: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ (mo/yr)

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**A tax deductible receipt will be issued for all gifts of \$10.00 or more.**

**Charitable Business # 10822 0054 RR0001**