



The Jean Tweed Centre Donation Form

Donor Information:

NAME

ADDRESS

EMAIL

TELEPHONE

I PREFER TO GIVE ANONYMOUSLY

Donation Amount:

YES, I WOULD LIKE TO HELP THE WOMEN AND THEIR FAMILIES ACCESS THE SERVICES OF THE JEAN TWEED CENTRE. PLEASE ACCEPT A DONATION OF:

\$25 \$50 \$100 \$500 OTHER: _____

I PREFER TO MAKE A MONTHLY DONATION OF:

\$10 \$25 \$50 \$100 OTHER: _____

PLEASE BEGIN MONTHLY WITHDRAWAL IN: _____ / _____

Month Year

Payment:



CHEQUE



VISA



MC

CARD NUMBER

EXPIRY:

MONTH

YEAR

SECURITY NUMBER

NAME ON CARD

SIGNATURE

I AUTHORIZE THE JEAN TWEED CENTRE TO CHARGE THE SPECIFIED AMOUNT TO MY ACCOUNT EACH MONTH. YOU CAN CHANGE OR CANCEL YOUR CONTRIBUTION AT ANY TIME.

TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OVER \$10.00.

Please direct the donation to:



CONTINUING CARE PROGRAM



OUTPATIENT SERVICES



RESIDENTIAL PROGRAM & CUMBERLAND HOUSE



CHILDCARE PROGRAM



MOST PRESSING & IMMEDIATE NEEDS

Mailing your gift:

THE JEAN TWEED CENTRE, 215 EVANS AVENUE, TORONTO, ONTARIO, M8Z 1J5

Our privacy promise:

THE JEAN TWEED CENTRE WILL NOT SEND, SHARE OR SELL YOUR PERSONAL INFORMATION TO ANY OTHER ORGANIZATION FOR ANY REASON. IF YOU PREFER TO BE RECOGNIZED ANONYMOUSLY OR YOU WISH TO BE REMOVED FROM OUR MAILING LIST, PLEASE CALL JENNIFER AT 416-255-7359 EXT. 245.

BELIEVE IN NEW BEGINNINGS

