

DONOR INFORMATION: ☐ *I prefer to give anonymously*



Name Email

Telephone Address

DONATION AMOUNT: *YES, I would like to help women and their families in our community*

☐ Please accept a one-time donation of: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$500 ☐ Other: _____

☐ I prefer to make a monthly donation of: ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ Other: _____

Please begin payment in: (Month) _____ (Year) _____

☐ *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.

PAYMENT: Cheque ☐ Visa ☐ Mastercard ☐



Name on Card

Card Number

/

Expiry (MM/YY)

Signature

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 removed from our mailing list, please call 416-255-7359 ext. 245.*

HOPE. HELP. HEALING.