

Ms.  Mrs.  Mr.   
Miss  Dr.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Apartment

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

*Yes!*

I want to give the gift of strength and courage to abused women and their children by **making my donation** to the Victoria Women's Transition House today!

*Here is my gift of:*

\$500     \$250     \$100     \$50

My Choice: \$ \_\_\_\_\_

I have enclosed a cheque payable to the *Victoria Women's Transition House*

Please charge my donation to:     VISA     MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Signature

Please sign me up for your easy **Monthly Giving Program** with my monthly donation of:

\$100     \$75     \$50     \$25

Other amount: \$ \_\_\_\_\_

A staff member from the Victoria Women's Transition House will contact you to arrange your Monthly Giving contribution.

*This donation is*

**In honour of**

**In memory of**

\_\_\_\_\_  
Name(s) of honoured or remembered

\_\_\_\_\_  
Occasion associated with honoured

\_\_\_\_\_  
Please notify the following of my donation:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

**Please send me information about:**

Volunteering

Leaving a legacy to the Victoria Women's Transition House

Please mail or fax your completed **Donation Form** to:

Victoria Women's Transition House  
100-3060 Cedar Hill Road  
Victoria BC V8T 3J5

Fax: (250) 592-9279

*We issue a tax deductible receipt for all gifts of \$10 or more*

Charitable No. 10817 3501 RR0001

*Thank You*

[www.transitionhouse.net](http://www.transitionhouse.net)

Your gift will help families recover from the trauma of abuse and create lives free from violence