VICTORIA WOMEN'S Transition House SOCIETY

Donation Form

☐ PLEASE DO NOT SEND ME A THANK YOU

Thank you for your generosity!

Company or Organization Name

Ms. ☐ Mrs. ☐ Mr. ☐
Miss ☐ Dr. ☐

Contact/Donor First Name **Contact/Donor Last Name**

Mailing Address:

Apartment | Street Address | City | Province | Postal Code

Phone | Email

May we send you

☐ Monthly email newsletter ☐ Semi-annual mailed newsletter ☐ Requesting no newsletters

The Victoria Women's Transition House appreciates your donations; we are committed to ensuring your donations are put to the best possible use within our programs. However, if your donation is surplus of our current needs or our storage capacity, we will pass it on to other local agencies.

Donor Initials

DONATION DATE

MONTH | DAY | YEAR

RECEIVING STAFF

PLEASE PRINT

Here is my gift of: $

☐ Cash
☐ Cheque payable to the *Victoria Women's Transition House*
☐ Please charge my donation to: ☐ MasterCard ☐ VISA ☐ AmEx

Card Number **Expiry Date**

Name of Card Holder **Signature**

Receipts may be issued for gifts of $10 or more.

Charitable No. 10817 3501 RR0001

GOODS DONATION

QTY | DESCRIPTION