

Donation Form

Thank you for your generosity!

PLEASE DO NOT SEND ME A THANK YOU

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

QTY	DESCRIPTION