

YOU CAN HELP stop violence against women and their children

Funds are needed to provide shelter and support to women and their children seeking to create lives free of violence. Your donation will help to make a difference in their lives.

Monthly Donation

I wish to pledge \$_____ per month, for the next _____ months, for a total of \$_____.

I hereby authorize Women's Community House to withdraw on the 15th day of each month from:

My Bank Account Please enclose a cheque marked VOID.

My Credit Card Please complete card information below.

Signature

Date

Donation

I am enclosing \$_____.

Cheque Payable to Women's Community House.

VISA Please complete card information.

MasterCard Please complete card information.

Mail To:

**Women's Community House
101 Wellington Road,
London, Ontario
N6C 4M7**

VISA

MasterCard

_____ Expires _____

Signature _____

Name _____

Address _____

City _____ Postal Code _____

Phone _____

A charitable receipt will be issued for all monetary donations. Charitable Reg. No. 12358 2348 RR0001



Thank You for Your Support!