

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 Women & Children's Shelter of Barrie today!

Here is my gift of:

\$500 \$250 \$100 \$50

My Choice: \$ _____

I have enclosed a cheque payable to the *Women & Children's Shelter of Barrie*

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

\$100 \$75 \$50 \$25

Other amount: \$ _____

A staff member from the Women & Children's Shelter of Barrie 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 Women & Children's Shelter of Barrie

Please mail or fax your completed Donation Form to:

Women & Children's Shelter of Barrie

115 Edgehill Drive

Barrie ON L4N 1L9

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

Fax: (705) 728-1364

Charitable No. 129951588 RR0001

www.barrieshelter.com

Your gift will help women & children recover from the trauma of abuse and create lives free from violence