DONATION FORM:

Please complete	
Date	
Name	
Address	
City/ Province/ Postal Code	
Phone Number	
Email	
Amount	
I would like to donate by	☐ CASH ☐ CHEQUE ☐ CREDIT CARD (Visa or MasterCard)
Card No.	
Expiry Date	
Name on Card	
Tax Receipt	☐ YES ☐ NO
Notes:	

Would you like to be added to the AWHL newsletter? ☐ Yes ☐ No

Thank you for supporting the Assaulted Women's Helpline!

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